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**National Highway
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DYNAMIC SCIENCE, INC.
In-Depth Accident Investigation

Contract DTNH22-94-A-07049
Case DSI-94-AB-03

 1994

TECHNICAL SUMMARY

CONTRACTOR: Dynamic Science, Inc.
CONTRACT NUMBER: DTNH22-94-A-07049
CASE NUMBER: Case DSI-94-AB-03

[REDACTED]

This two vehicle crash occurred on a two-lane, undivided, asphalt paved roadway during the late night hours of a winter weekday ([REDACTED] 94) in a rural/residential area of [REDACTED] Maryland.

Vehicle 1, a 1991 Chevrolet Geo Storm, was being driven east at a speed estimated to have been between 72 and 80 KPH (45 and 50 MPH) by the unrestrained 21 year old male driver (the case occupant). Occupant 2, a 19 year old female, was sitting unrestrained in the right front seating position. Occupant 3, a 20 year old male, was lying across the rear seat, head to the right side of the vehicle.

Vehicle 2, a 1994 Dodge Shadow ES, was being driven west at a speed estimated to have been between 72 and 80 KPH (45 and 50 MPH) by the unrestrained 24 year old male driver who was alone in the vehicle.

All three occupants of Vehicle 1 and the driver of Vehicle 2 had been drinking and alcohol is deemed to be a contributing factor in this crash.

Vehicle 1 crossed the center line of the roadway at the entrance to a left turning curve, entered the westbound travel lane and travel path of Vehicle 2. The left front plane of Vehicle 1 impacted the left front plane of Vehicle 2 in a head-on configuration.

The Delta V for Vehicle 1 was computed, using CRASH III PC, as 64 KPH (40 MPH) using a CDC of 92FYEW6 and a PDOF of 355 degrees. The combined direct and induced damage width was 152 cm (60 in), and the maximum crush depth was 133 cm (52 in) at C₁. The Delta V for Vehicle 2 was computed, using CRASH III PC, as 64 KPH (40 MPH) using a CDC of 92FYEW6 and a PDOF of 355 degrees. The combined direct and induced damage width was 152 cm (60 in), and the maximum crush depth was 121 cm (48 in) at C₁. The forces involved in this crash exceeded the manufacturer's supplemental restraint system threshold in both Vehicles 1 and 2, and the driver's side airbag in each vehicle deployed.

At impact, Vehicle 1 rotated counterclockwise and came to final rest facing northwest at the south edge of the roadway. Vehicle 2 rotated counterclockwise, rolled onto its right side and slid, underside leading, into a wood utility pole at the north edge of the roadway. Vehicle 2 came to final rest against the utility pole facing east. As Vehicle 2 rolled onto its right side, the driver was partially ejected and the upper portion of his body was pinned under the vehicle at FRP.

The driver of Vehicle 1 sustained major injuries consisting of fractures, dislocations, lacerations and a closed head injury with loss of consciousness; maximum AIS = AIS-3. The driver of Vehicle 1 was entrapped and extensive extrication procedures were required for his extrication. Occupant 2 sustained moderate injuries consisting of a closed head injury with loss

of consciousness, lacerations and abrasions; maximum AIS = AIS-3. Occupant 3 sustained minor injuries consisting of a closed head injury without loss of consciousness, abrasions and contusions; maximum AIS = AIS-1. All three occupants were transported by air to a regional trauma center where they were admitted for treatment.

The driver of Vehicle 2 sustained major injuries consisting of ruptures, lacerations, pneumothorax and contusions; maximum AIS = AIS-5. The driver was transported by air to a regional trauma center where he was pronounced dead 2 hours and 45 minutes post crash.

Both vehicles were towed from the scene due to damage sustained in this crash.

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The crash investigation process is an inexact science which requires that physical evidence such as skid marks, vehicular damage measurements, and occupant contact points be coupled with the investigator's expert knowledge and experience of vehicle dynamics and occupant kinematics in order to determine the pre-crash, crash, and post-crash movements of involved vehicles and occupants.

Because each crash is a unique sequence of events, generalized conclusions cannot be made concerning the crashworthiness performance of the involved vehicle(s) or their safety systems.

DYNAMIC SCIENCE, INC.
ACCIDENT INVESTIGATION
CASE NUMBER: DSI-94-AB-03

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Dynamic Science, Inc.
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Case Number: DSI-94-AB-03

ACCIDENT DATA:

Location: [REDACTED] Maryland
Area/Type: Rural/Residential
Date/Time: Winter/Late Night
Accident Type: Car/Car - head-on

INJURY SEVERITY:

Vehicle 1: Driver (case occupant), AIS-3
R/F Occupant, AIS-3
Rear Occupant, AIS-1

Vehicle 2: Driver, AIS-5 (fatal)

AMBIENCE:

Viewing Conditions: Night - Roadway not illuminated
Cloud Cover: Clear
Precipitation: None
Temperature: -12° to -9° C (10° to 15° F)
Road Surface: Dry

ROADWAY:

	<u>VEHICLE 1</u>	<u>VEHICLE 2</u>
Type:	2-lane, undivided	2-lane, undivided
Width:	7.4 m (24.3 ft)	7.4 m (24.3 ft)
Traffic Density:	Light	Light
Median:	None	None
Edge:	Grass/gravel	Grass/gravel
Surface:	Asphalt	Asphalt
Reported Defects:	None	None
Co-efficient of Friction (est.):	.85	.85
Vertical Alignment:	+2.5% upgrade	-2.5% downgrade
Horizontal Alignment:	Left turning curve R = 64.4 m (211.3 ft)	Right turning curve R = 55.5 m (182.1 ft)

TRAFFIC CONTROLS:

	<u>VEHICLE 1</u>	<u>VEHICLE 2</u>
Signals:	None	None
Signs:	56 KPH (35 MPH) curve advisory speed sign	56 KPH (35 MPH) curve advisory speed sign
Speed Limit:	64 KPH (40 MPH)	64 KPH (40 MPH)
Markings:	Single, solid white painted line at south edge of road. Single, solid and single, broken yellow painted lines separate eastbound and westbound travel lanes. Single, solid white painted line at north edge of road.	Single, solid white painted line at north edge of road. Single, broken and single, solid yellow painted lines separate westbound and eastbound travel lanes. Single, solid white painted line at south edge of road.

VEHICLES:

	<u>VEHICLE 1</u>	<u>VEHICLE 2</u>
Description:	1991 Chevrolet Geo Storm, 3-door	1994 Dodge Shadow ES, 3-door
Odometer:	105,668 km (65,661 mi)	1,270 km (789 mi)
Engine:	I4 / 1.6 L	V6 / 3.0 L
Vehicle Modifications:	None	None
Tire Condition:	Good - 35-45 % tread wear, no abnormal treadwear patterns	Excellent - No significant treadwear, no abnormal treadwear patterns
Manual Restraints:	3-point manual lap/shoulder restraints at L/F, R/F, L/R and R/R seating positions.	3-point manual lap/shoulder restraints at L/F, R/F, L/R and R/R seating positions. 2-point manual lap restraint at C/R seating position.
Automatic Restraints:	Driver's side supplemental restraint system (airbag)	Driver's side supplemental restraint system (airbag)
Reported Defects:	None	None
Cargo:	None	None
Windshield Damage:	Unknown, windshield removed for occupant extrication	Cracked and out of place from impact forces
Fleet:	None	None
Tow Status:	Towed due to crash damage	Towed due to crash damage

VEHICLE DAMAGE:

	<u>VEHICLE 1</u>		<u>VEHICLE 2</u>	
Object Struck:	Vehicle 2	Vehicle 1	Ground (rollover)	50.8 cm (20 in) diameter wood utility pole
Event Number:	01	01	02	03
CDC:	92FYEW6	92FYEW5	00TDDO3	00UPLO2
Maximum Crush:	132.8 cm (52.3 in) @ C ₁	121.4 cm (47.8 in) @ C ₁	Not measured	Not measured

VEHICLE VELOCITY ESTIMATES:

	<u>VEHICLE 1</u>		<u>VEHICLE 2</u>	
Impact Speed (estimated):	72 to 80 KPH (45 to 50 MPH)	72 to 80 KPH (45 to 50 MPH)	24 to 32 KPH (15 to 20 MPH)	8 to 16 KPH (5 to 10 MPH)
Total Delta V:	63.8 KPH (39.6 MPH)	64.2 KPH (39.8 MPH)	Not computed - Out of Scope	
Longitudinal Delta V:	-63.6 KPH (-39.4 KPH)	-64.0 KPH (-39.7 KPH)		
Lateral Delta V:	5.6 KPH (3.4 MPH)	5.6 KPH (3.4 MPH)		
Energy Dissipation:	246,338.9 j (181,665.9 ft-lb)	185,667.7 j (136,052.7 ft-lb)		

Calculations based upon: CRASH III PC, damage only

$$\text{Radius: } R = \frac{C^2}{8 \cdot M} + \frac{M}{2}$$

Eastbound: C = 100 ft, M = 7.0 ft
Westbound: C = 100 ft, M = 6.0 ft

$$\text{Critical Speed - } S = 3.86 \sqrt{R \cdot (f \pm e)}$$

Eastbound: R = 211.3 ft
f = .85
e = -.02
Westbound: R = 182.1 ft
f = .85
e = +.02

COLLISION SEQUENCE:

Pre-Crash:

This two vehicle crash occurred during the late night hours of a winter weekday on a two-lane, undivided, asphalt paved rural/residential roadway in [REDACTED] Maryland. The weather was clear, there were no weather related viewing restrictions and the road surface was dry and free of defects. The posted speed limit, for both travel directions was 64 KPH (40 MPH) and traffic volume was light.

The roadway, generally running east and west, has a single, solid white painted line at the south edge of the eastbound travel lane. The eastbound and westbound travel lanes are separated by single, solid and single, broken yellow painted lines which denote a "no passing zone" for eastbound traffic. The north edge of the westbound travel lane is marked by a single, solid white painted line.

The configuration of the roadway is a positive .25 percent upgrade for eastbound traffic, and a left turning curve with a radius of 64.4 m (211.3 ft) as measured at the south edge of the eastbound travel lane. The right turning for westbound traffic has a radius of 55.5 m (182.1 ft) as measured at the north edge of the westbound travel lane. There is also a two percent super-elevation for westbound traffic. The coefficient of friction is estimated to be .85. Prior to the east and west entrances to the curve, curve warning signs are posted with an advisory speed of 56 KPH (35 MPH) for both directions of travel. The critical speed of the curve for eastbound traffic was computed as 82.2 KPH (51.1 MPH), and for westbound traffic as 78.2 KPH (48.6 MPH).

Vehicle 1, a 1991 Chevrolet Geo Storm three-door, was being driven east in the eastbound travel lane at a speed estimated to have been between 72 and 80 KPH (45 and 50 MPH) by the 21 year old male driver (the case occupant) who was not restrained by the available three-point, manual lap/shoulder safety restraints. Occupant 2, a 19 year old female, was seated in the right front seating position and was not restrained by the available three-point, manual lap/shoulder safety restraints. Occupant 3, a 20 year old male, was lying across the rear seat cushion with his head at the right side of the vehicle, and his feet towards the left side of the vehicle. It was reported, but not confirmed, that Occupant 3 was asleep. The driver of Vehicle 1 had been drinking and a blood test more than one hour post accident revealed traces of THC and a BAC of .07. Occupants 2 and 3 had also been drinking prior to the crash.

Vehicle 2, a 1994 Dodge Shadow ES three-door, was being driven west in the westbound travel lane at a speed estimated to have been between 72 and 80 KPH (45 and 50 MPH) by the 24 year old male driver who was not wearing the available three-point, manual lap/shoulder safety restraints. The driver of Vehicle 2 was alone in the vehicle and had been drinking prior to the crash. A blood test administered more than one hour

post crash revealed a BAC of .15. Alcohol is deemed to have been a factor in this crash.

Approximately 30.4 m (100 ft) west of the left turning curve entrance, Vehicle 1, for unknown reasons, drifted left across the double yellow center lines into the westbound travel lane and travel path of Vehicle 2.

Crash:

Without apparent evasive action on the part of either driver, the front left plane of Vehicle 1 and the left front plane of Vehicle 2 impacted in a head-on configuration in the westbound travel lane of the roadway.

The Delta V for Vehicle 1 was computed, using CRASH III PC, as 63.8 KPH (39.6 MPH) using a CDC of 92FYEW6 and a PDOF of 355 degrees. The combined direct and induced damage width was 152 cm (60 in), and the maximum crush depth was 132.8 cm (52.3 in) at C₁. The Delta V for Vehicle 2 was computed, also using CRASH III PC, as 64.2 KPH (39.8 MPH) using a CDC of 92FYEW6 and a PDOF of 355 degrees. The combined direct and induced damage width was 152 cm (60 in), and the maximum crush depth was 121.4 cm (47.8 in) at C₁.

The forces involved in this crash exceeded the manufacturer's threshold in the supplemental restraint systems in both Vehicle 1 and Vehicle 2, and their respective driver's side airbags deployed at impact.

Post Crash:

At impact, Vehicle 1 began a counterclockwise rotation of approximately 150 degrees, coming to final rest with the right front wheel 9.4 m (30.7 ft) west and 3.5 m (11.5 ft) south of the POI and the front plane facing in a northwesterly direction.

At impact, the rear wheels of Vehicle 2 lifted from the road surface and the vehicle began a counterclockwise rotation on its front wheels. As the rear wheels continued to rise, Vehicle 2 rolled onto its top while continuing the counterclockwise rotation. Vehicle 2 then rolled onto its right side, partially ejecting the driver from the right front door window and began an underside leading slide. As Vehicle 2 began to roll left onto its wheels, the underside, rearward of the front wheels, impacted a wood utility pole. Vehicle 2 came to final rest, maintaining underside contact with the utility pole, with the driver's head and upper torso pinned under the right front door of the vehicle. At final rest, Vehicle 2 was on its right side facing northeast 25.8 m (84.4 ft) west and 3.7 m (12.1 ft) north of the POI.

**Occupant
Kinematics
(case vehicle):**

The 21 year old male driver of Vehicle 1 (the case occupant), was seated in a bucket seat with folding back rest in a normal, upright seated position. The driver was 165 cm (65 in) in height and weighed 64 kg

(140 lb) at the time of the crash. At impact, the driver's left foot was on the floor/toe pan and his right foot was on the accelerator pedal. His hand positions could not be determined, and he was not wearing the available three-point manual lap/shoulder safety restraints. During the on-site inspection of Vehicle 1 it appeared that the manually adjusted left front seat had been adjusted at, or near, the full forward position prior to the crash. The adjustable seat back appeared to have been in a normal, upright configuration.

At impact, the driver was projected forward, upward and slightly to the left. His head and upper torso overrode the deploying airbag and his head impacted the windshield/windshield header resulting in a closed head injury with loss of consciousness of less than one hour.

As the driver was projected forward, and the left instrument panel intruded longitudinally, the driver's left and right knees impacted the instrument panel resulting in an indirect contact open fracture of the left femur, a closed fracture of the left femur neck, a closed fracture of the right femur and a laceration of the left knee.

At impact, the left floor/toe pan intruded longitudinally, vertically and laterally to the right, entrapping the case occupant's right foot with the floor/toe pan and brake pedal, and causing the driver's feet to be projected rearward to the front edge of the left front seat cushion. This movement resulted in an open fracture of the right bimalleolus, tarsal, metatarsal, tibia/talar and an open dislocation (fracture) of the right tarso/metatarsal (Lisfranc).

Occupant 2, a 19 year old female, was sitting in a bucket seat with folding back rest at the right front seating position. At the time of the crash, Occupant 2 weighed 52 kg (115 lb) and was 173 cm (68 in) in height. It appears that the right front seat had been adjusted to the approximate mid-point and the adjustable seat back rest was in a normal, upright configuration. This occupant appears to have been sitting in a normal, upright seated position with both feet on the floor/toe pan. Her hand positions could not be determined, and she was not wearing the available three-point manual lap/shoulder safety restraints. At impact, this occupant's head and upper torso were projected into the windshield and right instrument panel resulting in a closed head injury with a loss of consciousness of more than one hour, a lacerated spleen, a severely lacerated tongue, and lacerations of the chin and inside of the mouth. She was also projected slightly to the left and her left hip contacted the center console resulting in an abrasion.

Occupant 3, a 20 year old male, was lying across the rear seat cushion with his head to the right side of the vehicle and his feet to the left. It is reported that at the time of the crash he was asleep and was not wearing either of the available three-point manual lap/shoulder safety restraints

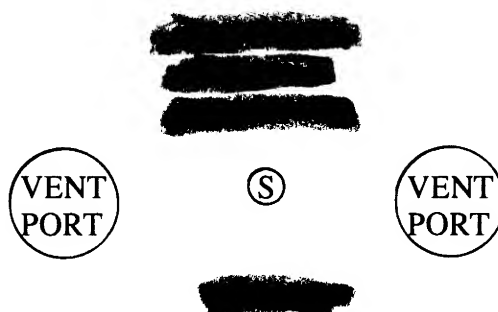
located in the rear seating area. At the time of the crash, this occupant weighed 72 kg (159 lb) and was 183 cm (72 in) in height. His hand positions could not be determined. At impact, this occupant was projected forward into the left front and right front seat back supports, and into the back of the center console. He sustained a closed head injury without loss of consciousness from the right front seat back, a left abdominal contusion from the center console and an abrasion of the lower left leg from the left front seat back.

The loading of the left and right front seat back supports by Occupant 3 is believed to have amplified the forward movements of Occupant 1 and 2.

Supplemental Restraint System:

Vehicle 1 (Case Vehicle):

This 1991 Chevrolet Geo Storm three-door, was equipped with a driver's side airbag that deployed as a result of a head-on crash with a 1994 Dodge Shadow ES three-door. The airbag was manufactured by [REDACTED] of [REDACTED] and was stamped with the following identification numbers on the back side of the bag:



The airbag was not damaged during the crash sequence and did not yield evidence of occupant contact. The bag measured approximately 60.0 cm (23.6 in) in diameter in its deflated, post-crash state. The airbag was vented by two vent ports located on the back side of the bag (away from the driver). The 4.5 cm (1.8 in) diameter ports were located at the 9:30 and 2:30 o'clock positions and the airbag was not tethered.

At the time of Dynamic Science's on-site inspection that occurred 4 days post-crash, and within 24 hours of notification, the bag contained seven vertical fold creases and four horizontal fold creases as oriented to the top of the steering wheel.

Vehicle 2:

This 1994 Dodge Shadow ES three-door was equipped with a driver's side airbag that deployed as a result of a head-on crash with a 1991 Chevrolet Geo Storm three-door. The airbag manufacturer could not be determined, but the following identification barcode numbers were attached on the back side of the airbag:

VENT
PORT

VENT
PORT



The airbag was not damaged during the crash sequence and did not yield evidence of occupant contact. The bag measured approximately 60 cm (23.6 in) in diameter in its deflated, post-crash state. The airbag was vented by two vent ports located at the 11:00 and 1:00 o'clock positions on the back side of the bag (away from the driver). The vent ports measured 3.5 cm (1.4 in) in diameter. The bag contained internal tether straps that were attached to a 19.1 cm (7.5 in) diameter reinforcement sewn to the center of the bag.

At the time of Dynamic Science's on-site inspection that occurred 4 days post-crash, and within 24 hours of notification, the airbag fabric contained five vertical fold creases and two horizontal fold creases as oriented to the top of the steering wheel.

Scene Clearance: The driver of Vehicle 1 (the case occupant) sustained major injuries consisting of fractures, dislocations, a closed head injury with loss of consciousness and lacerations; maximum AIS = AIS-3. The driver's lower extremities were entrapped and extraordinary procedures involving power spreaders, saws, chisels and a "Hurst tool" were required to extricate him. He was transported by air to a regional trauma center where he was admitted for treatment. Occupant 2 sustained moderate injuries consisting of a closed head injury with loss of consciousness, lacerations and abrasions; maximum AIS = AIS-3. She did not require extrication and was transported by air to a regional trauma center where she was admitted for treatment. Occupant 3 sustained minor injuries consisting of a closed head injury without loss of consciousness, contusions and abrasions; maximum AIS = AIS-1. He did not require extrication and was transported by air to a regional trauma center where he was admitted for treatment.

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The driver of Vehicle 2 was partially ejected from his vehicle and his head and upper torso were pinned under the right side plane of his vehicle. A tow truck was required to lift Vehicle 2 and free him. He sustained major injuries consisting of internal lacerations, pneumothorax, ruptures and contusions; maximum AIS = AIS-5. He was transported by air to a regional trauma center where he was pronounced deceased 2 hours and 43 minutes post crash. He was not formally admitted to the trauma center.

Both Vehicle 1 and Vehicle 2 sustained major damage and were towed from the scene.

Safety Standards: There were no violations of Federal Motor Vehicle Safety Standards noted during the on-site inspections of Vehicle 1 and Vehicle 2.

DRIVER AND OTHER OCCUPANTS:

VEHICLE 1

	<u>DRIVER (case occupant)</u>	<u>Occupant 2</u>
Age/Sex:	21/Male	19/Female
Seated Position:	Left front	Right front
Seat Type:	Bucket with folding back	Bucket with folding back
Height:	165 cm (65 in.)	173 cm (68 in)
Weight:	64 kg (140 lbs.)	52 kg (115 lb)
Occupation:	Unknown	Unknown
Pre-existing Medical Condition:	None known	None known
Alcohol/Drug Involvement:	BAC = .07, THC = trace	BAC = .06
Driving Experience:	5 years	N/A
Body Posture:	Normal, upright seated position	Unknown
Hand Position:	Unknown	Unknown
Foot Position:	Right foot on accelerator, left foot on floor/toe pan	right and left feet on floor/toe pan
Restraint Usage:	None	None
Additional Occupants:	2	1

DRIVER AND OTHER OCCUPANTS:

VEHICLE 1

Occupant 3

Age/Sex:	20/Male
Seated Position:	Rear seat
Seat Type:	Bench with folding back
Height:	183 cm (72 in.)
Weight:	72 kg (159 lbs.)
Occupation:	Unknown
Pre-existing Medical Condition:	None known
Alcohol/Drug Involvement:	Had been drinking - no test
Driving Experience:	N/A
Body Posture:	Lying across back seat
Hand Position:	Unknown
Foot Position:	On seat to left side of vehicle
Restraint Usage:	None
Additional Occupants:	None

DRIVER AND OTHER OCCUPANTS:

VEHICLE 2

DRIVER

Age/Sex:	24/Male
Seated Position:	Left front
Seat Type:	Bucket with folding back
Height:	Unknown
Weight:	Unknown
Occupation:	Car salesman
Pre-existing Medical Condition:	None known
Alcohol/Drug Involvement:	BAC = .15
Driving Experience:	Unknown
Body Posture:	Normal, upright seated position
Hand Position:	Unknown
Foot Position:	Right foot on accelerator, left foot on floor/toe pan
Restraint Usage:	None
Additional Occupants:	None

INJURIES:

Vehicle 1

	<u>INJURY</u>	<u>OIC CODE</u>	<u>ICD-9</u>	<u>SOURCE</u>
DRIVER (case occupant):	Fracture, L. femur (open)	2851814.3,2091203	821.11	L. Instrument panel
	Fracture, L. femur neck (base)	2851812.3,2091203	820.13	L. Instrument panel
	Fracture, R. Femur	2851814.3,1091203	821.01	L. Instrument panel
	Closed head injury with loss of consciousness < 1 hour	2160414.2,0141100	850.1	Windshield/ windshield header
	Fracture, R. bimalleolus (open)	2851612.2,1561101	824.5	Toe pan/brake pedal
	Fracture, R. Tarsal (open) (Astragalus)	2852200.2,1561101	825.31	Toe pan/brake pedal
	Fracture, R. Metatarsal (open)	2852200.2,1561101	825.35	Toe pan/brake pedal
	Dislocation, R. Tibia/Talar (open)	2853414.2,1561101	837.1	Toe pan/brake pedal
	Dislocation, R. Tarso/Metatarsal (open) (Lisfranc)	2851206.1,1561101	838.13	Toe pan/brake pedal
	Laceration, L. Knee	2890602.1,2091103	891.0	L. Instrument panel
R/F Occupant:	Closed head injury with loss of consciousness > 1 hour	2160614.3,0151100	850.2	Windshield - R. Instrument panel
	Laceration, Tongue 8 cm	2243404.2,8151100	873.64	Windshield - R. Instrument panel
	Laceration, Spleen w/ capsular tears	2544222.2,2111100	865.02	R. Instrument panel

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	Laceration, Mouth	2243099.1,8151100	873.60	Windshield - R. Instrument panel
	Laceration, Chin	2290602.1,8151100	873.44	Windshield - R. Instrument panel
	Abrasion, L. Hip	2890202.1,2571100	916.0	Center console
Rear Seat Occupant:	Closed head injury without loss of consciousness	2160402.1,0401100	850.0	R/F seat back support
	Contusion, L. Abdominal wall	2590402.1,2571100	922.2	Center console
	Abrasion, L. Lower leg	2890202.1,2401100	916.0	L/F seat back support

INJURIES:

Vehicle 2

	<u>INJURY</u>	<u>OIC CODE</u>	<u>ICD-9</u>	<u>SOURCE</u>
DRIVER:	Laceration, Aorta (collapse)	2420210.5,4671100	901.0	Exterior, Vehicle 2 R. side plane
	Pneumothorax, left side (large)	2442202.3,2671100	860.0	Exterior, Vehicle 2 R. side plane
	Hematoma, Perirenal (large)	2541614.3,9671100	866.01	Exterior, Vehicle 2 R. side plane
	Rupture, Spleen	2544240.3,2671100	865.03	Exterior, Vehicle 2 R. side plane
	Laceration, mid-transverse colon (serosal tear)	2540820.2,8671100	863.42	Exterior, Vehicle 2 R. side plane
	Laceration, liver	2541820.2,1671100	864.03	Exterior, Vehicle 2 R. side plane
	Contusions, face (whole area)	2290402.1,3361100	920	R. side glass/ window sill/ "A" and "B" pillars
	Contusions, upper extremities (whole area)	2790402.1,3361100	923.8	R. side glass/ window sill/ "A" and "B" pillars
	Contusions, chest (whole area)	2490402.1,0361100	922.8	R. side window sill/ roof rail/ "A" and "B" pillars
	Contusions, Abdomen (whole area)	2590402.1,0571100	922.8	Center console/ tranmission lever
	Contusions, Lower extremities (whole area)	2890402.1,3091100	924.4	L. Instrument panel

Abbreviations Used In Scene And Photographic Documentation

ft	Feet
in	Inches
AIS	Abbreviated Injury Scale
BLF	Begin Left Front
BLR	Begin Left Rear
BRF	Begin Right Front
BRR	Begin Right Rear
CBE	Cab Behind Engine
CCW	Counterclockwise
CDC	Collision Deformation Classification
CG	Center of Gravity
CM	Centimeter
CW	Clockwise
E, EB	East, Eastbound
ELF	End Left Front
ELR	End Left Rear
ERF	End Right Front
ERR	End Right Rear
FRP	Final Rest Position
I	Interstate Highway
IP	Intermediate Point
KG	Kilogram
KPH	Kilometers Per Hour
LF	Left Front
LR	Left Rear
N, NB	North, Northbound
NE	Northeast
NW	Northwest
PDOF	Principal Direction of Force
POI	Point of Impact
R	Radius of Curvature
RF	Right Front
RL	Reference Line
RP	Reference Point
RR	Right Rear
S, SB	South, Southbound
SE	Southeast
SW	Southwest
T	Time or Elapsed Time (in seconds)
U.S.	United States Highway
V1	Vehicle Number 1
W, WB	West, Westbound

FRONT INTRUSIONS

Case Number DS1-94-AB-003

Seat adjusted to:

Forward Near full-

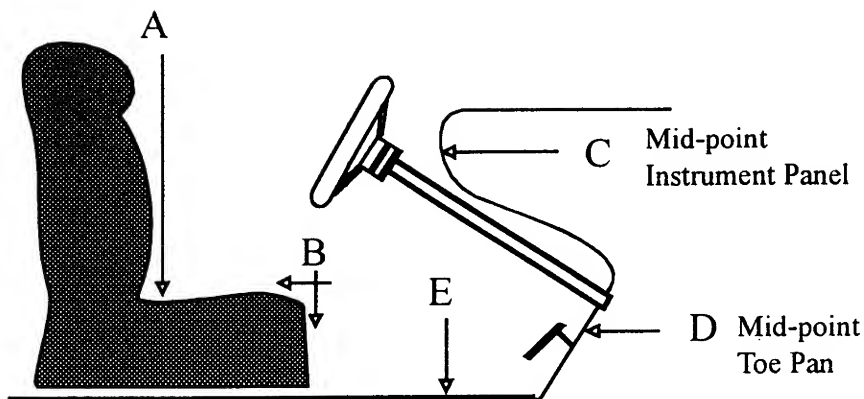
Midpoint

Rearward

Seat Type:

Electric

Manual X

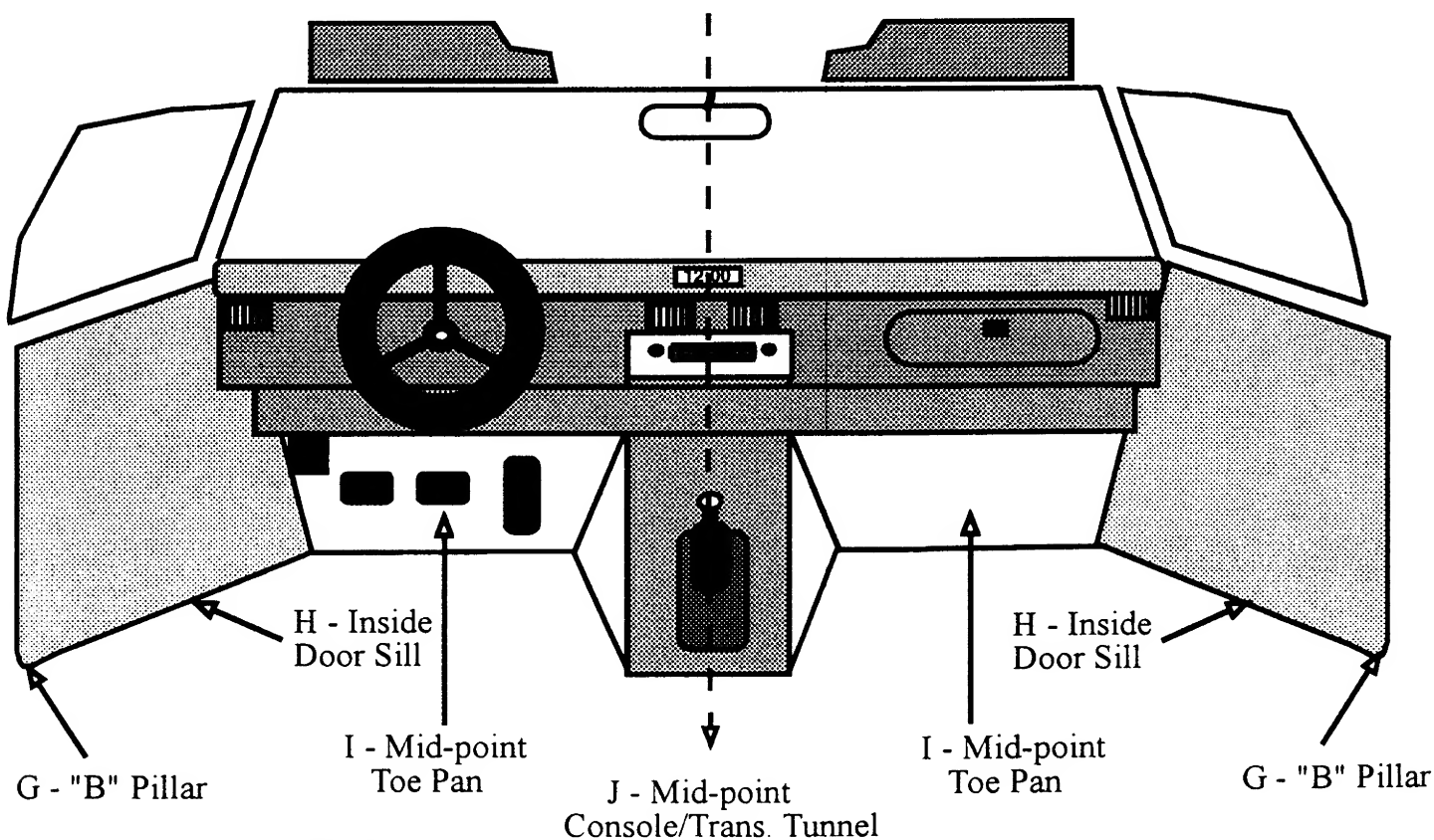


Left Side

A-B	<u>42.6</u>	cm	<u>16.8</u>	in
B-C	<u>30.0</u>	cm	<u>11.8</u>	in
B-D	<u>28.0</u>	cm	<u>11.0</u>	in
A-B-C	<u>70.1</u>	cm	<u>27.8</u>	in
C-E	<u>55.0</u>	cm	<u>21.7</u>	in
B-E	<u>28.0</u>	cm	<u>11.0</u>	in

Right Side

A-B	<u>44.6</u>	cm	<u>17.6</u>	in
B-C	<u>17.0</u>	cm	<u>6.7</u>	in
B-D	<u>53.0</u>	cm	<u>20.9</u>	in
A-B-C	<u>97.6</u>	cm	<u>38.4</u>	in
C-E	<u>42.0</u>	cm	<u>16.5</u>	in
B-E	<u>24.0</u>	cm	<u>9.4</u>	in

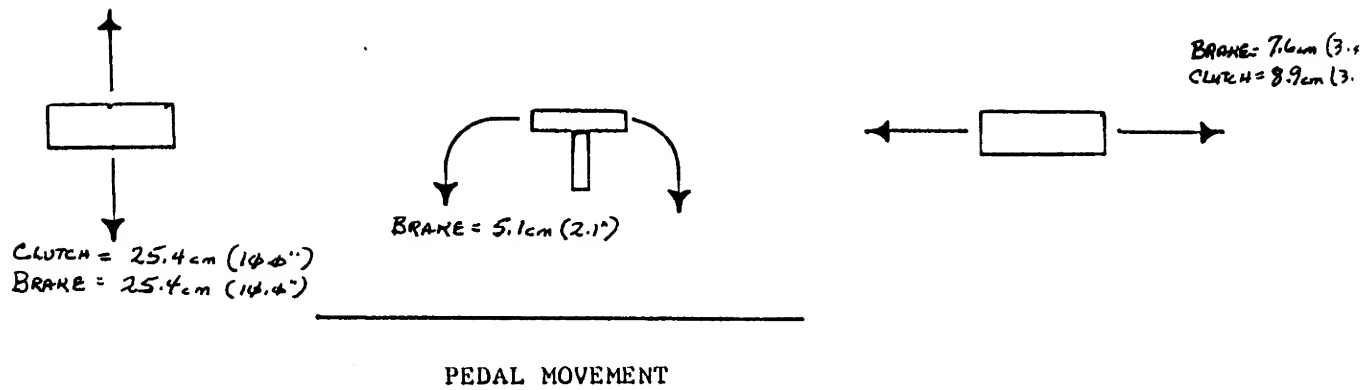


Left Side

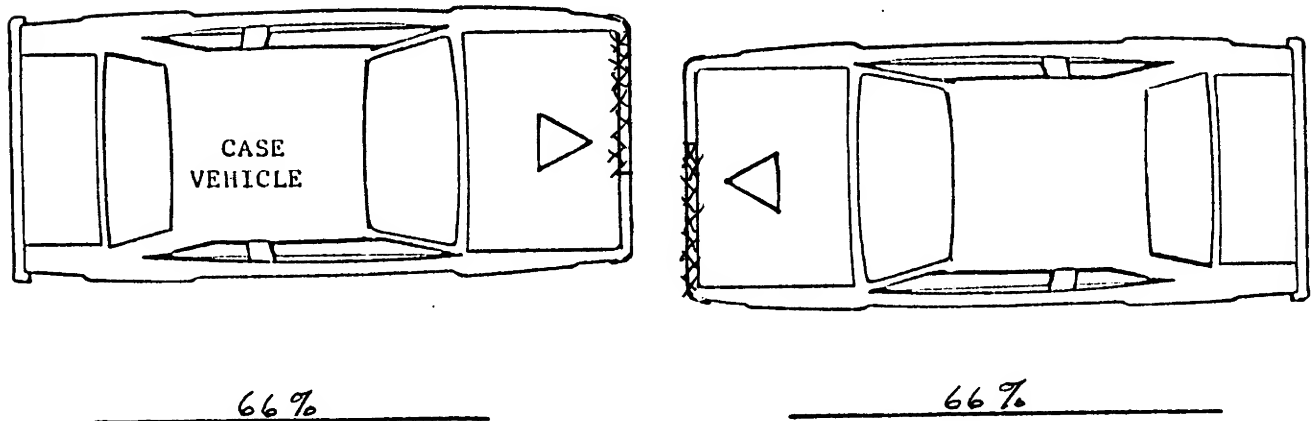
G-I	<u>98.0</u>	cm	<u>38.6</u>	in
H-J	<u>70.0</u>	cm	<u>27.8</u>	in

Right Side

G-I	<u>127.0</u>	cm	<u>50.0</u>	in
H-J	<u>60.0</u>	cm	<u>23.6</u>	in

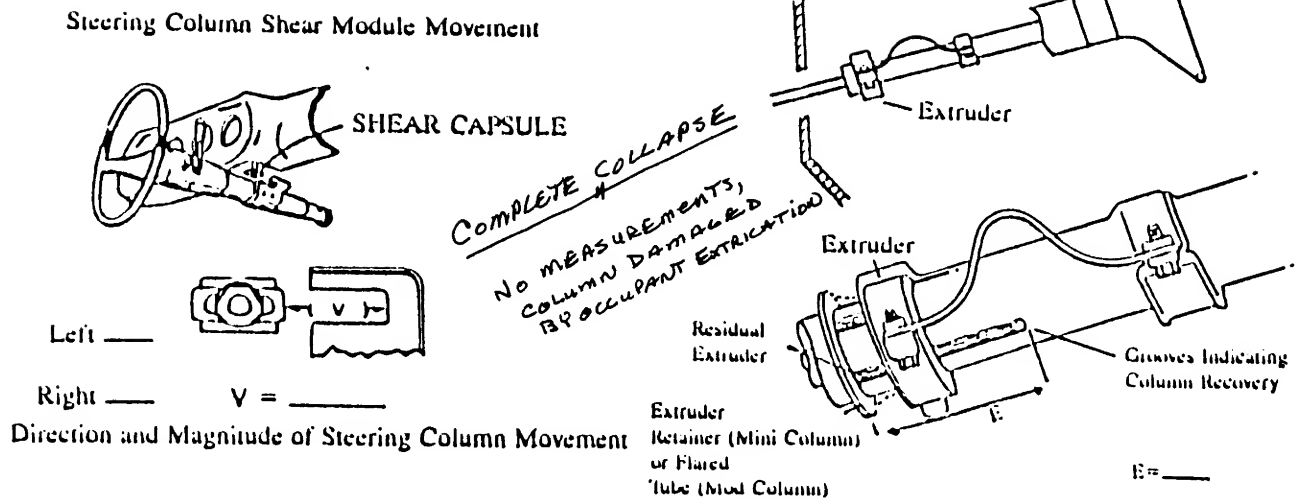


DAMAGE OVERLAP

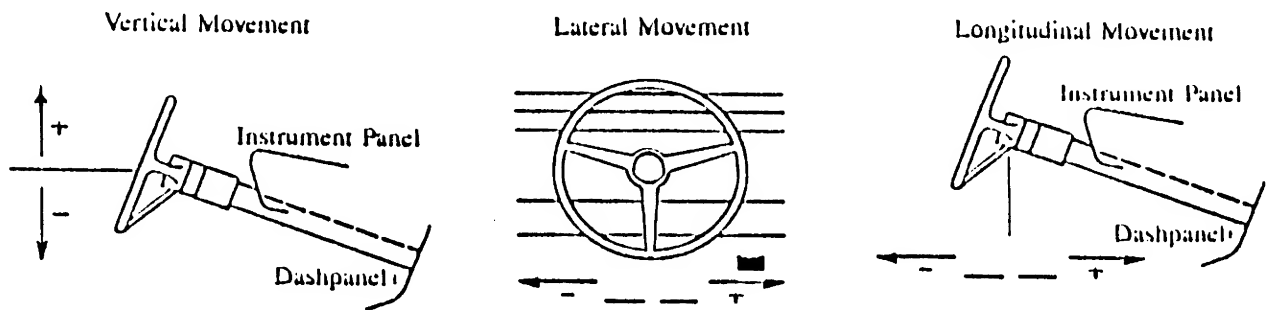


STEERING COLUMN WORKING DIAGRAMS

STEERING COLUMN COLLAPSE



STEERING COLUMN MOVEMENT



	COMPARISON VALUE	-	DAMAGED VALUE	=	MOVEMENT
VERTICAL		-		=	
LATERAL		-		=	
LONGITUDINAL		-		=	

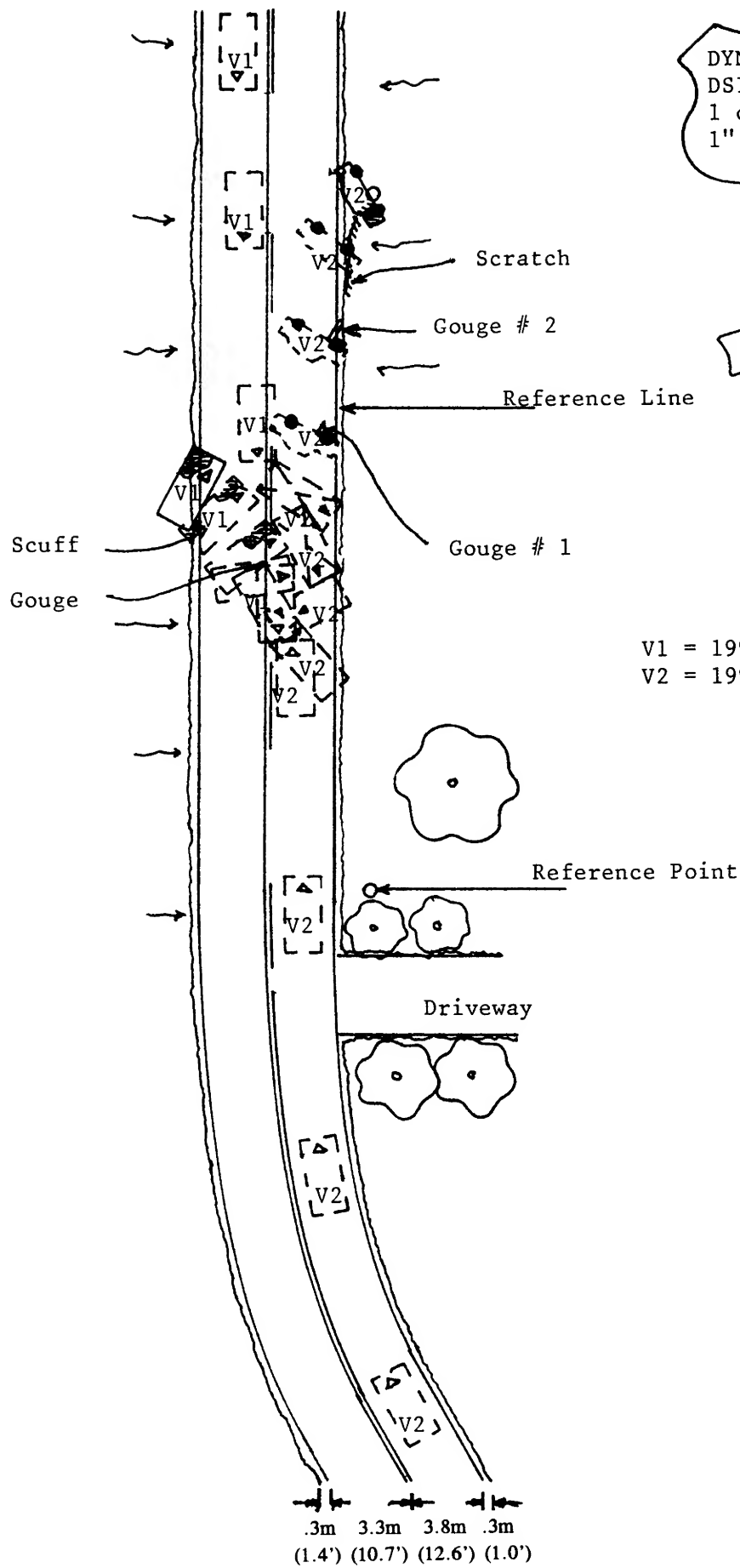
ESTIMATE ONLY HEAVY EXTRICATION DAMAGE

EST. = +8-14 cm (+3-4")

STEERING RIM/SPOKE DEFORMATION

COMPARISON VALUE	-	DAMAGED VALUE	=	DEFORMATION
	-		=	
	-		=	

NOT DETERMINED DUE TO EXTRICATION DAMAGE



COLLISION MEASUREMENTS

Case Number DSI-94-AB-03

Reference Point: Wood utility pole, north side of roadway

Reference Line: North edge of roadway

DATA POINT	DISTANCE AND DIRECTION FROM REFERENCE POINT	DISTANCE AND DIRECTION FROM REFERENCE LINE
North edge of roadway	2.1 m (7.0') S	0
Single, white line, north edge W/B travel lane	0	.3 m (1.0') S
Double, yellow center lines	0	4.1 m (13.6') S
Single, white line - south edge E/B travel lane	0	7.1 m (23.3') S
South edge roadway	0	7.4 m (24.3') S
POI	14.3 m (46.8') W	3.1 m (10.1') S
Gouge, Vehicle 1	19.6 m (64.3') W	5.3 m (17.4') S
FRP, Vehicle 1 (R/F wheel)	23.6 m (77.5') W	6.6 m (21.6') S
Rollover start, Vehicle 2	22.3 m (73.2') W	1.8 m (5.9 ') S
Gouge # 1, Vehicle 2		
Start	25.7 m (84.3') W	1.2 m (4.0') S
End	26.3 m (86.2') W	1.1 m (3.5') S
Gouge # 2, Vehicle 2		
Start	30.3 m (99.4') W	.6 m (1.9') S
End	31.5 m (103.5') W	0
Scratch, Vehicle 2		
Start	33.5 m (109.8') W	0
End	39.2 m (128.7') W	.9 m (3.0') N
FRP, Vehicle 2	40.0 m (131.2')	.6 m (2.0') N

PHOTO INDEX

Case No. DSI-94-AB-03

PHOTO NO.	VEHICLE NO.	ORIENTATION	SUBJECT MATTER
1	V1	W	Approach path, Vehicle 1
2-5	V1	E	Travel path, Vehicle 1
6	V1	E	POI, Vehicle 1 and Vehicle 2
7-8	V1	SW	Travel path, POI to FRP, Vehicle 1
9	V1	SW	Rotational gouge, Vehicle 1
10	V1	W	FRP, Vehicle 1
11	V1	NE	Reverse travel path, FRP to POI, Vehicle 1
12	V1	W	Reverse travel path, from FRP, Vehicle 1
13	V2	E	Approach path, Vehicle 2
14-15	V2	W	Travel path, Vehicle 2
16	V2	W	Travel path and POI, Vehicle 2
17	V2	W	Gouge # 1, rollover begins, Vehicle 2
18-19	V2	W	Gouge # 2, underside leading slide, Vehicle 2
20	V2	W	Travel path continues to FRP, Vehicle 2
21	V2	W	POI # 2 and FRP, Vehicle 2
22-23	V2	E	Reverse travel path, Vehicle 2
24-35	V1	CCW	Exterior views, Vehicle 1
36-57	V1	---	Interior views, Vehicle 1 Photos 44 & 45 - area of driver entrapment
58-75	V2	CCW	Exterior views, Vehicle 2 Photos 65 & 66 - L. door frame and top separation Photos 67 & 68 - L. door frame, latch & striker failure
76-93	V2	---	Interview views, Vehicle 2 Photos 82-85 - Floor, toe pan, sill separation and intrusion
94-97	V1	---	Selected police scene photos, Vehicle 1
98-101	V2	---	Selected police scene photos, Vehicle 2





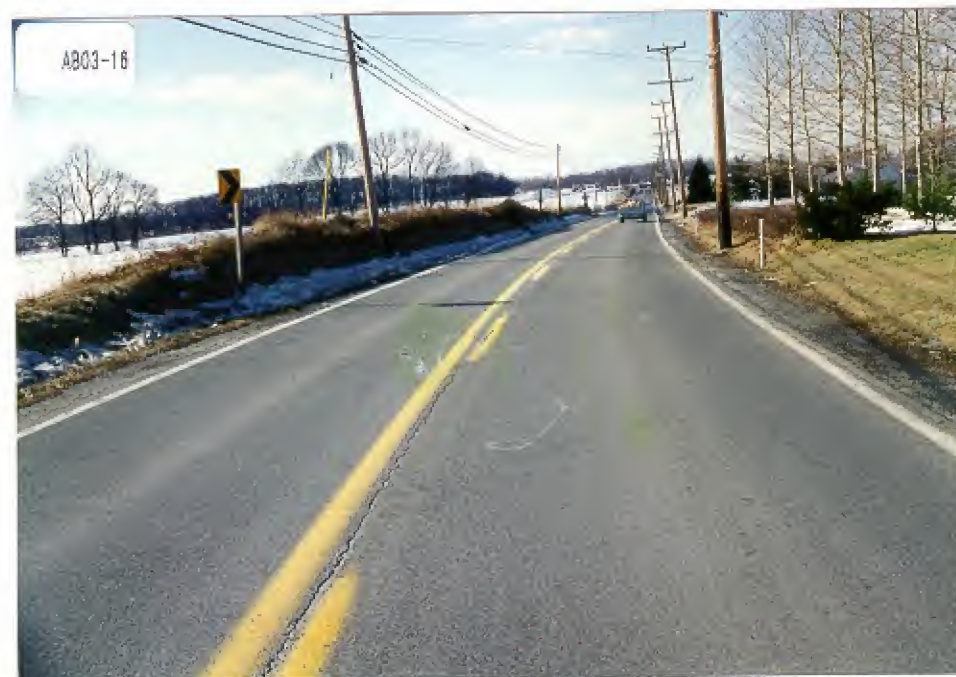












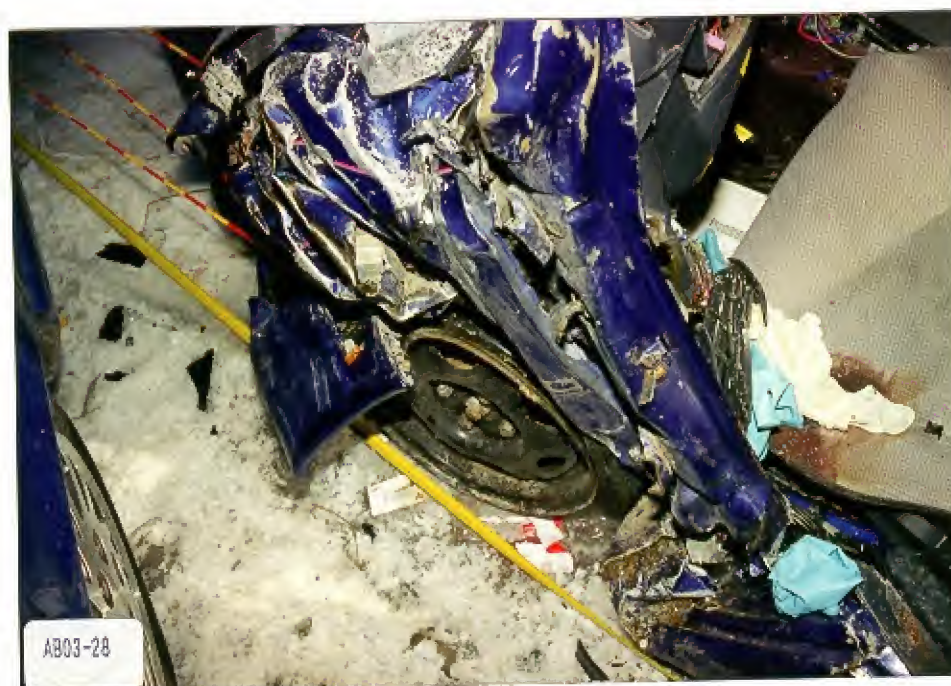






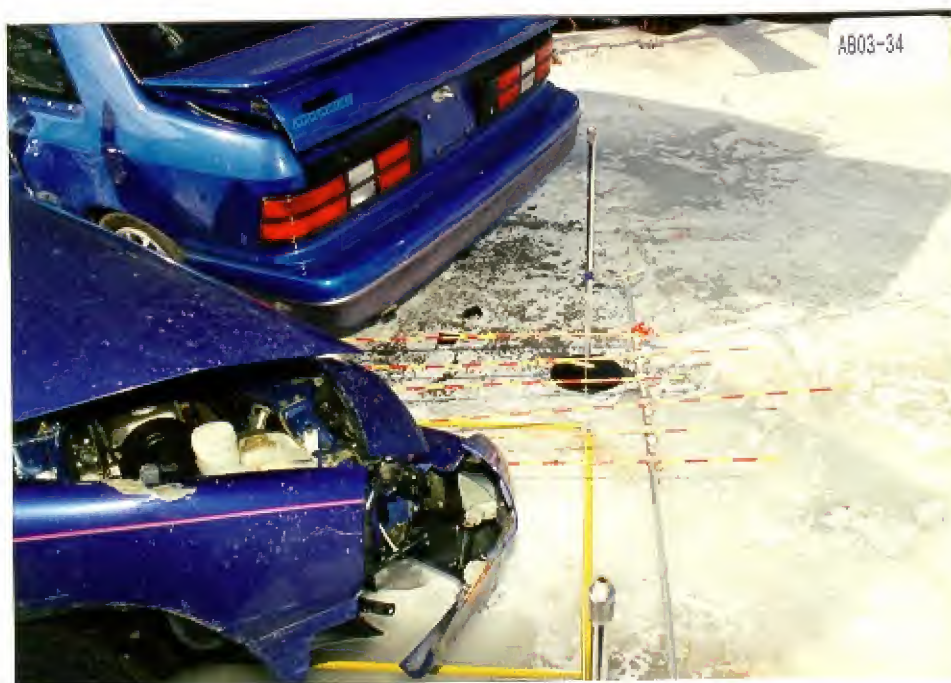
















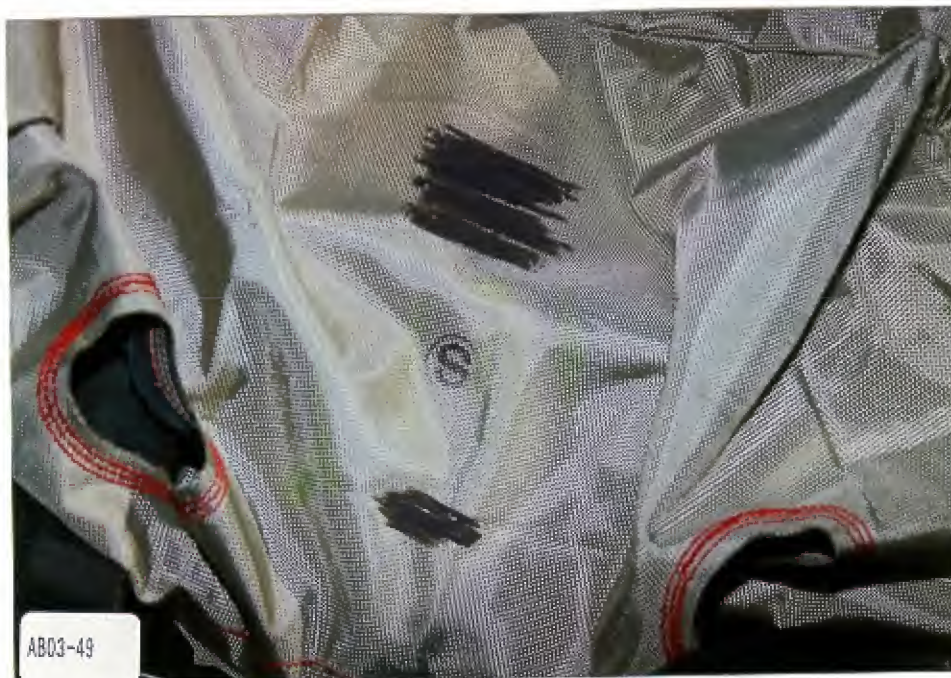






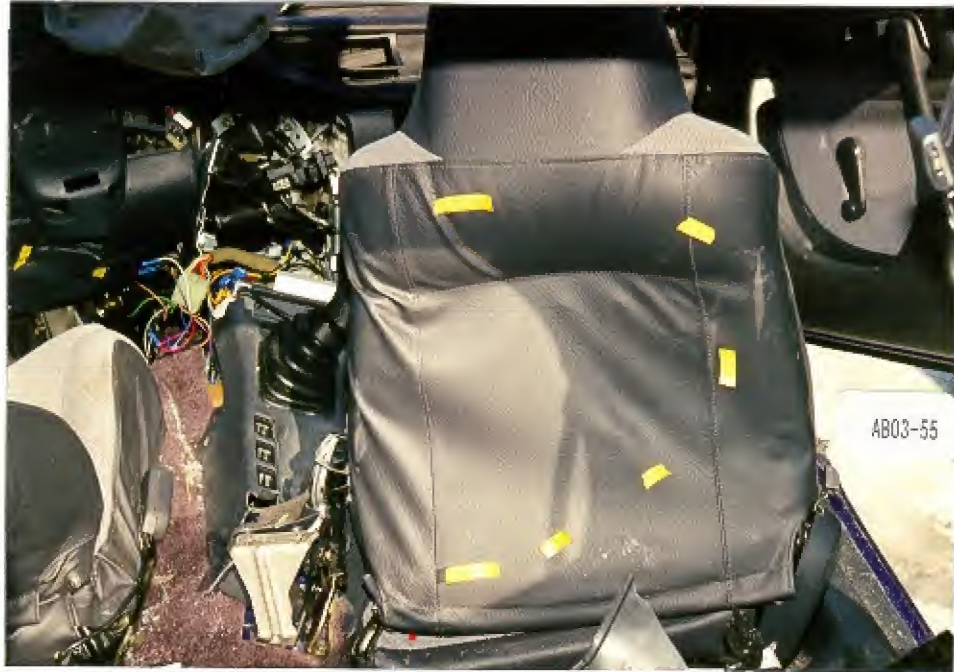












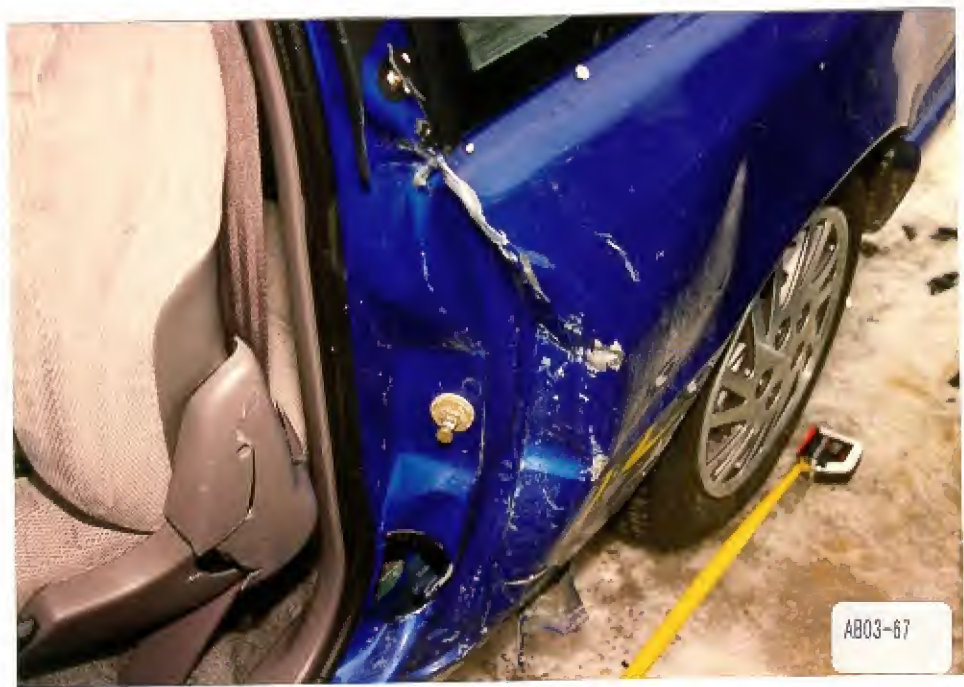






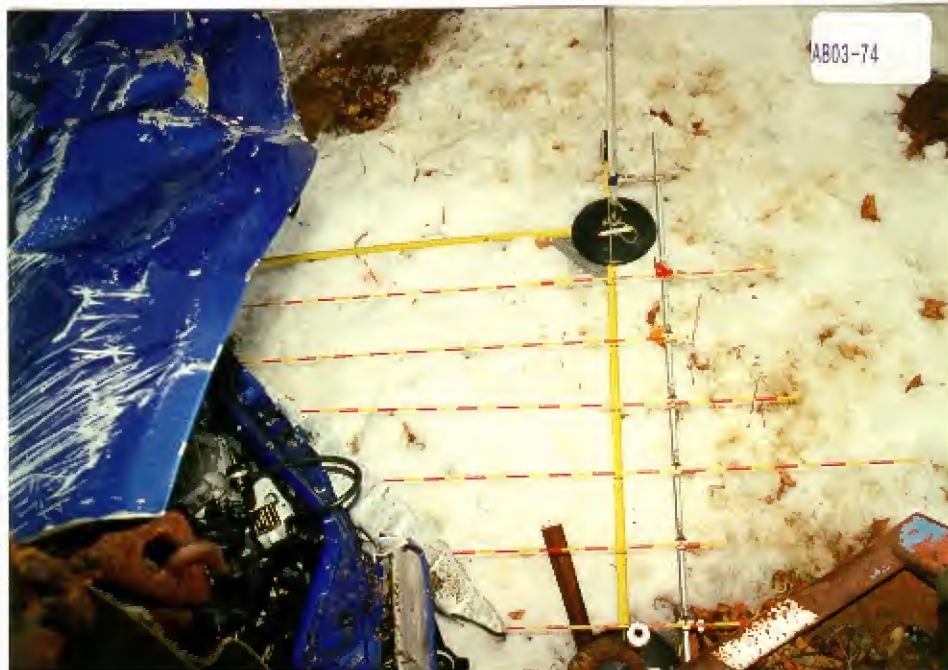
































AB03-94



AB03-95



AB03-96



AB03-97



AB03-99



AB03-99



AB03-100



AB03-101



SLIDE INDEX

Case No. DSI-94-AB-03

SLIDE NO.	VEHICLE NO.	ORIENTATION	SUBJECT MATTER
1	V1	W	Approach path, Vehicle 1
2-5	V1	E	Travel path, Vehicle 1
6	V1	E	POI, Vehicle 1 and Vehicle 2
7	V1	W	L/F wheel scuff and reverse travel path, Vehicle 1
8-9	V1	W	Travel path, Vehicle 1, POI to FRP Slide # 8 - Gouge, Vehicle 1
10	V1	W	FRP, Vehicle 1
11	V1	NE	Reverse travel path, Vehicle 1, FRP to POI
12	V2	E	Approach path, Vehicle 2
13-15	V2	W	Travel path, Vehicle 2
16	V2	W	POI, Vehicle 2 and Vehicle 1
17	V2	W	Travel path, Vehicle 2 from POI
18-19	V2	W	Vehicle 2 rollover and travel path, Slide # 19 - Gouge # 1
20	V2	W	Travel path from POI to FRP
21	V2	W	POI # 2 and FRP, Vehicle 2
22	V2	E	Reverse travel path, Vehicle 2
23-33	V1	CCW	Exterior views, Vehicle 1
34-52	V1	---	Interior views, Vehicle 1
53-70	V2	CCW	Exterior views, Vehicle 2 # 58-59 - "B" pillar and striker damage, L/F door # 60 - Sill intrusion and L/F door # 61-62 - L/F door latch and frame damage
71-86	V2	---	Interview views, Vehicle 2 # 76-78 - L. sill intrusion and sill/floor separation # 83 - R/F floor intrusion # 84 - R/R floor intrusion



























































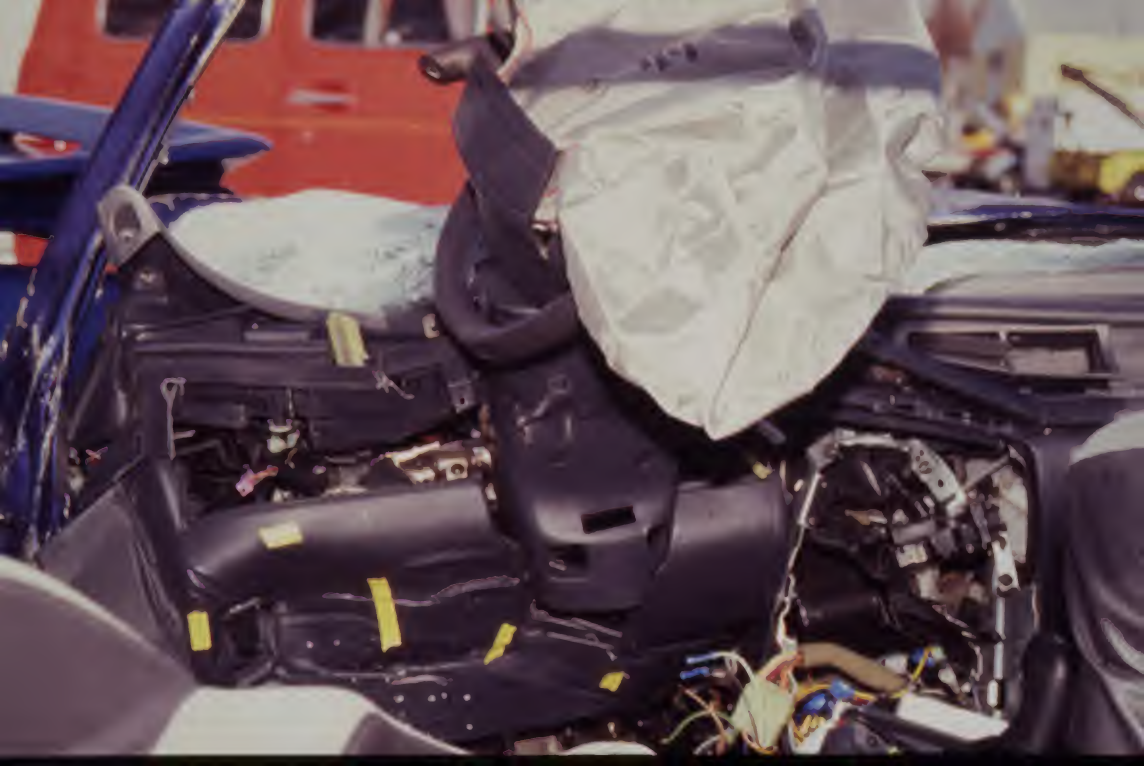










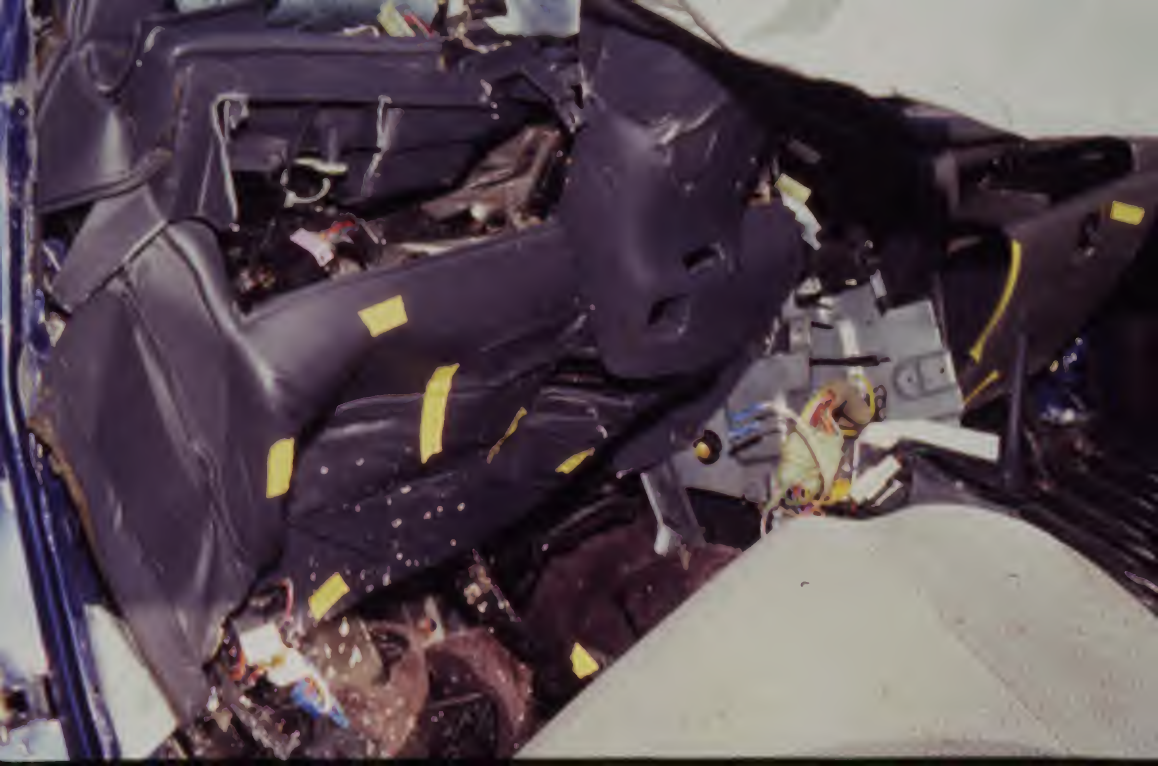
































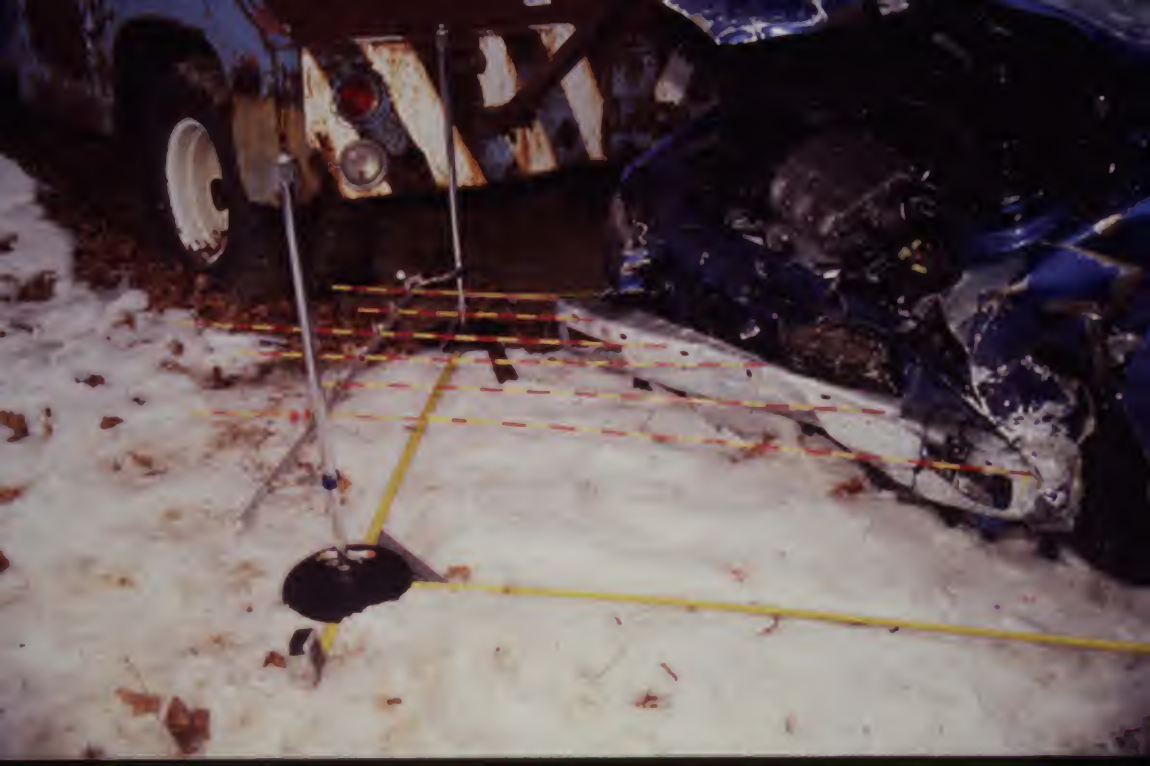


























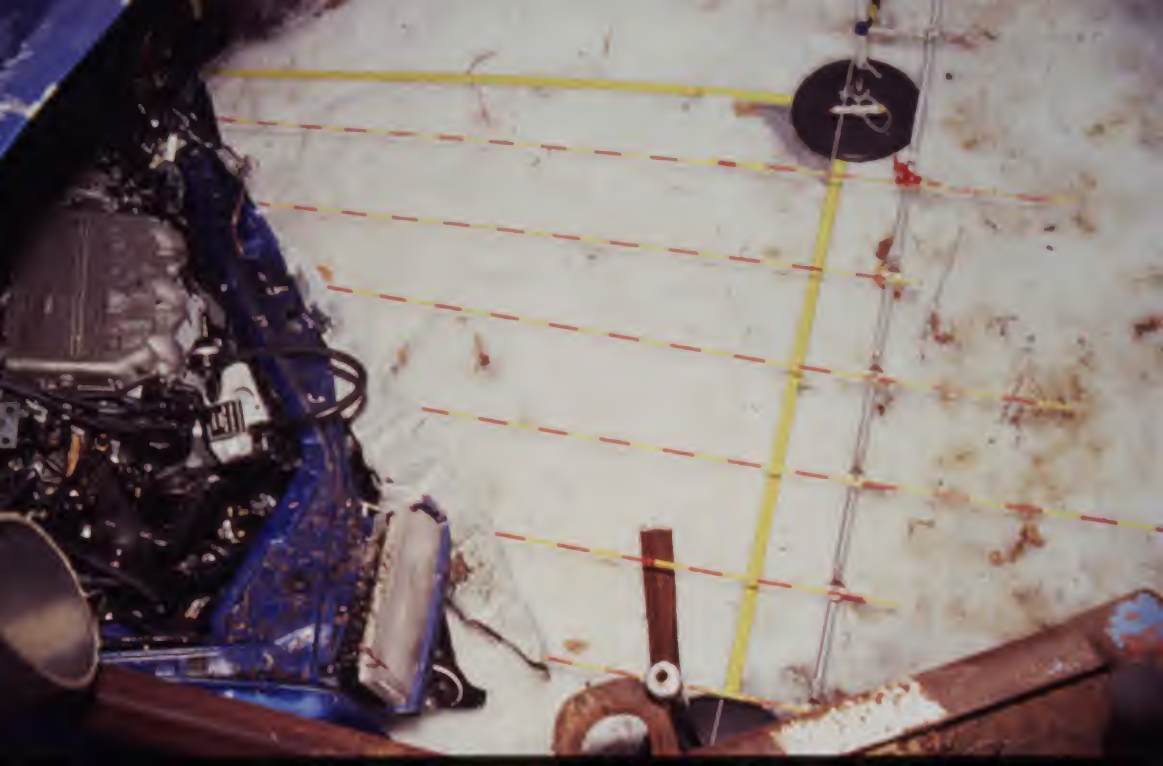


















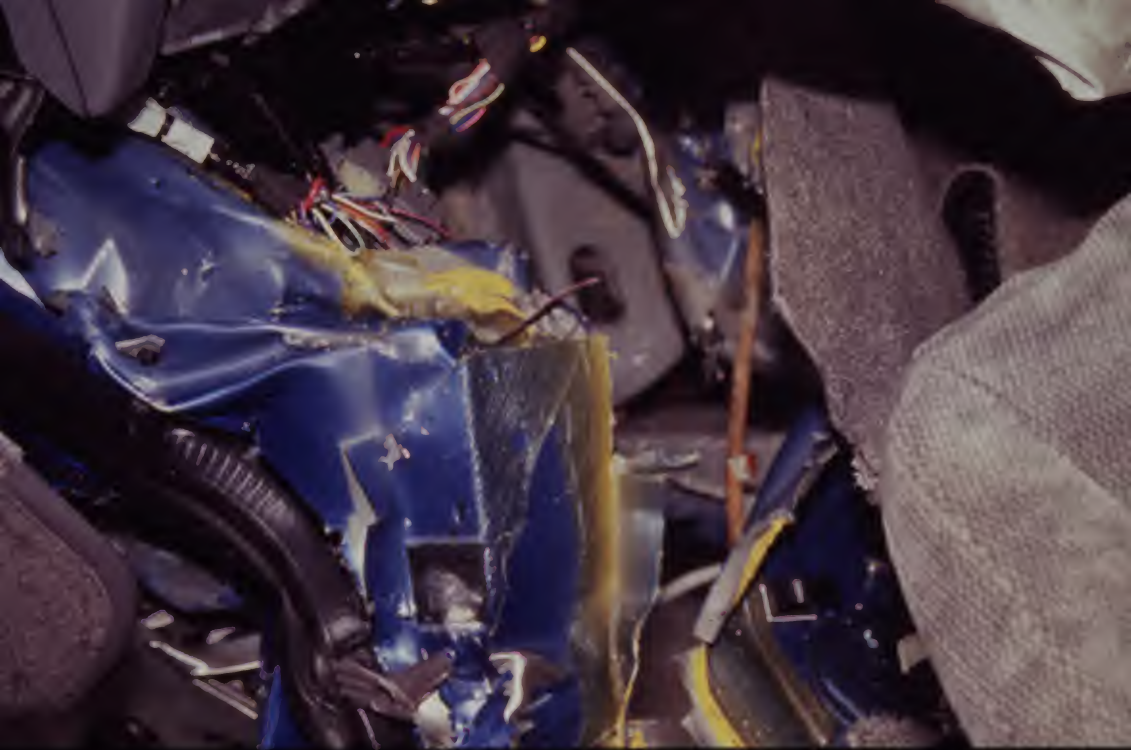


























KIDNEY

& PC MAT SET

CARPET PROTECTOR





ACCIDENT FORM

1. Primary Sampling Unit Number _____

2. Case Number - Stratum DSI-94-AB-003

IDENTIFICATION

3. Number of General Vehicle
Forms Submitted 024. Date of Accident
(Month,Day,Year) 01/09/94 WEEK DAY / 9 45. Time of Accident EARLY MORNING

Code reported military time of accident.

NOTE: Midnight = 2400
Unknown = 9999

SPECIAL STUDIES - INDICATORS

Check (✓) each special study (SS14-SS18 below) that has been completed; code 1 for the checked special studies and 0 for the special studies not checked.

6. 0 SS15 Administrative Use 07. 0 SS16 Pedestrian Crash Data Study 08. 0 SS17 Impact Fires 09. 0 SS18 _____ 010. 0 SS19 _____ 0

NUMBER OF EVENTS

11. Number of Recorded Events
in This Accident 03Code the number of events which occurred
in this accident.

ACCIDENT EVENTS

For each event that occurred in the accident, code the lowest numbered vehicle in the left columns and the other involved vehicle or object on the right.

Accident Event Sequence Number	Vehicle Number	Class Of Vehicle	General Area of Damage	Vehicle Number or Object Contacted	Class Of Vehicle	General Area of Damage
12. <u>0 1</u>	13. <u>0 1</u>	14. <u>0 1</u>	15. <u>F</u>	16. <u>0 2</u>	17. <u>0 1</u>	18. <u>F</u>
19. <u>0 2</u>	20. <u>0 2</u>	21. <u>0 1</u>	22. <u>T</u>	23. <u>3 1</u>	24. <u>0 0</u>	25. <u>0</u>
26. <u>0 3</u>	27. <u>0 2</u>	28. <u>0 1</u>	29. <u>L</u>	30. <u>5 2</u>	31. <u>0 0</u>	32. <u>0</u>
33. <u>0 4</u>	34. _____	35. _____	36. _____	37. _____	38. _____	39. _____
40. <u>0 5</u>	41. _____	42. _____	43. _____	44. _____	45. _____	46. _____

IF GREATER THAN FIVE EVENTS, CONTINUE CODING ON THE ACCIDENT EVENT SUPPLEMENT

CODES FOR CLASS OF VEHICLE

- (00) Not a motor vehicle
- (01) Subcompact/mini (wheelbase < 254 cm)
- (02) Compact (wheelbase ≥ 254 but < 265 cm)
- (03) Intermediate (wheelbase ≥ 265 but < 278 cm)
- (04) Full size (wheelbase ≥ 278 but < 291 cm)
- (05) Largest (wheelbase ≥ 291 cm)
- (09) Unknown passenger car size
- (11) Compact utility vehicle
- (12) Large utility vehicle (≤ 4,500 kgs GVWR)
- (13) Passenger van (≤ 4,500 kgs GVWR)
- (14) Other van (≤ 4,500 kgs GVWR)
- (15) Pickup truck (≤ 4,500 kgs GVWR)
- (18) Other truck (≤ 4,500 kgs GVWR)
- (19) Unknown light truck type
- (20) School bus
- (21) Other bus
- (22) Truck (> 4,500 kgs GVWR)
- (23) Tractor without trailer
- (24) Tractor-trailer(s)
- (25) Motored cycle
- (28) Other vehicle
- (99) Unknown

CODES FOR GENERAL AREA OF DAMAGE (GAD)

CDS APPLICABLE AND OTHER VEHICLES

- (O) Not a motor vehicle
- (N) Noncollision
- (F) Front
- (R) Right side
- (L) Left side
- (B) Back
- (T) Top
- (U) Undercarriage
- (9) Unknown

TDC APPLICABLE VEHICLES

- (O) Not a motor vehicle
- (N) Noncollision
- (F) Front
- (R) Right side
- (L) Left side
- (B) Back of unit with cargo
area (rear of trailer or
straight truck)
- (D) Back (rear of tractor)
- (C) Rear of cab
- (V) Front of cargo area
- (T) Top
- (U) Undercarriage
- (9) Unknown

CODES FOR VEHICLE NUMBER OR OBJECT CONTACTED

(01-30) — Vehicle Number

Noncollision

- (31) Overturn — rollover
- (32) Fire or explosion
- (33) Jackknife
- (34) Other intraunit damage (specify):

- (35) Noncollision injury
- (38) Other noncollision (specify):

- (39) Noncollision — details unknown

Collision With Fixed Object

- (41) Tree (≤ 10 cm in diameter)
- (42) Tree (> 10 cm in diameter)
- (43) Shrubbery or bush
- (44) Embankment

- (45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post

- (50) Pole or post (≤ 10 cm in diameter)
- (51) Pole or post (> 10 cm but ≤ 30 cm in
diameter)
- (52) Pole or post (> 30 cm in diameter)
- (53) Pole or post (diameter unknown)

- (54) Concrete traffic barrier
- (55) Impact attenuator
- (56) Other traffic barrier (includes guardrail)
(specify):

- (57) Fence
- (58) Wall
- (59) Building
- (60) Ditch or culvert
- (61) Ground
- (62) Fire hydrant
- (63) Curb
- (64) Bridge
- (68) Other fixed object (specify):

- (69) Unknown fixed object

Collision with Nonfixed Object

- (71) Motor vehicle not in-transport
- (72) Pedestrian
- (73) Cyclist or cycle
- (74) Other nonmotorist or conveyance

- (75) Vehicle occupant
- (76) Animal
- (77) Train
- (78) Trailer, disconnected in transport
- (79) Object fell from vehicle in-transport
- (88) Other nonfixed object (specify):

- (89) Unknown nonfixed object

- (98) Other event (specify):

- (99) Unknown event or object



GENERAL VEHICLE FORM

1. Primary Sampling Unit Number
2. Case Number - Stratum DSI-94-AB-443
3. Vehicle Number 41

VEHICLE IDENTIFICATION

4. Vehicle Model Year 91
Code the last two digits of the model year
(99) Unknown
5. Vehicle Make (specify): 24
CHEVROLET
Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(99) Unknown
6. Vehicle Model (specify): 435
GEO STORM
Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(999) Unknown
7. Body Type 43
Note: Applicable codes may be found on
the back of this page.
8. Vehicle Identification Number
J B 1 R F 2 3 6 2 M 7
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17
Left justify; Slash zeros and letter Z (0 and Z)
No VIN—Code all zeros
Unknown—Code all nines

OFFICIAL RECORDS

9. Police Reported Vehicle Disposition 1
(0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown
10. Police Reported Travel Speed 999
Code to the nearest kph (NOTE: 000 means
less than 0.5 kph)
(160) 159.5 kph and above
(999) Unknown
 mph X 1.6093 = kph

11. Police Reported Alcohol Presence 1
(0) No alcohol present
(1) Yes (alcohol present)
(7) Not reported
(8) No driver present
(9) Unknown

Note: See variables 37 through 55
(Page 4) for information on Other Drugs

12. Alcohol Test Result For Driver 47
Code actual value (decimal implied
before first digit—0.xx)
(95) Test refused
(96) None given
(97) AC test performed, results unknown
(98) No driver present
(99) Unknown

Source: HOSPITAL RECORDS

ACCIDENT RELATED

13. Speed Limit 464
(000) No statutory limit
Code posted or statutory speed limit
in kph
(999) Unknown
44 mph X 1.6093 = 464 kph
14. Attempted Avoidance Maneuver 41
(01) No avoidance actions
(02) Braking (no lockup)
(03) Braking (lockup)
(04) Braking (lockup unknown)
(05) Releasing brakes
(06) Steering left
(07) Steering right
(08) Braking and steering left
(09) Braking and steering right
(10) Accelerating
(11) Accelerating and steering left
(12) Accelerating and steering right
(97) No driver present
(98) Other action (specify):
(99) Unknown
15. Accident Type 54
Applicable codes may be found on the
back of page two of this field form
(00) No impact
Code the number of the diagram that
best describes the accident circumstance
(98) Other accident type (specify):
(99) Unknown

**** SKIP TO VARIABLE GV37 IF GV07 DOES NOT EQUAL 01-49 ****

CODES FOR BODY TYPE

CDS APPLICABLE VEHICLES

Automobiles

- (01) Convertible (excludes sun-roof, t-bar)
- (02) 2-door sedan, hardtop, coupe
- (03) 3-door/2-door hatchback
- (04) 4-door sedan, hardtop
- (05) 5-door/4-door hatchback
- (06) Station wagon (excluding van and truck based)
- (07) Hatchback, number of doors unknown
- (08) Other automobile type (specify): _____

- (09) Unknown automobile type

Automobile Derivatives

- (10) Auto based pickup (includes El Camino, Caballero, Ranchero, Brat, and Rabbit pickup)
- (11) Auto based panel (cargo station wagon, auto based ambulance/hearse)
- (12) Large limousine - more than four side doors or stretched chassis
- (13) Three-wheel automobile or automobile derivative

Utility Vehicles ($\leq 4,500$ kgs GVWR)

- (14) Compact utility (Jeep CJ-2 - CJ-7, Scrambler, Golden Eagle, Renegade, Laredo, Wrangler, Cherokee [84 and after], Dispatcher, Raider, Bronco II, Bronco [76 and before], Explorer, S-10 Blazer, Geo Tracker, Bravada, S-15 Jimmy, Thing, Pathfinder, Trooper, Trooper II, Rodeo, Amigo, Navajo, 4-Runner, Montero, Samurai, Sidekick, Rocky)
- (15) Large utility (includes Jeep Cherokee [83 and before], Ramcharger, Trailduster, Bronco-fullsize [78 and after], fullsize Blazer, fullsize Jimmy, Landcruiser, Rover, Scout)
- (16) Utility station wagon (Chevy Suburban, GMC Suburban, Travelall, Grand Wagoneer, includes suburban limousine)
- (19) Utility, unknown body type

Van Based Light Trucks ($\leq 4,500$ kgs GVWR)

- (20) Minivan (Chrysler Town and Country, Caravan, Grand Caravan, Voyager, Grand Voyager, Mini-Ram, Dodge/Plymouth Vista, Aerostar, Villager, Lumina APV, Trans Sport, Silhouette, Astro, Safari, Toyota Van, Toyota Minivan, Previa, Nissan Minivan, Quest, Mitsubishi Minivan, Vanagon/Camper.)
- (21) Large van (B150-B350, Sportsman, Royal, Maxiwagon, Ram, Tradesman, Voyager [83 and before], E150-E350, Econoline, Clubwagon, Chateau, G10-G30, Chevy Van, Beauville, Sport Van, G15-G35, Rally Van, Vandura.)
- (22) Step van or walk-in van ($\leq 4,500$ kgs GVWR)
- (23) Van based motorhome ($\leq 4,500$ kgs GVWR)
- (24) Van based school bus ($\leq 4,500$ kgs GVWR)
- (25) Van based other bus ($\leq 4,500$ kgs GVWR)
- (28) Other van type (Hi-Cube Van, Kary) (specify): _____

- (29) Unknown van type

Light Conventional Trucks (Pickup style cab, $\leq 4,500$ kgs GVWR)

- (30) Compact pickup (D50, Colt P/U, Ram 50, Dakota, Arrow Pickup [foreign], Ranger, Courier, S-10, T-10, LUV, S-15, T-15, Sonoma, Datsun/Nissan Pickup, P'up, Mazda Pickup, Toyota Pickup, Mitsubishi Pickup)
- (31) Large Pickup (Jeep Pickup, Comanche, Ram Pickup, D100-D350, W100-W350, F100-F350, C10-C35, K10-K35, R10-R35, V10-V35, Silverado, Sierra, R100-R500.)

- (32) Pickup with slide-in camper
- (33) Convertible pickup
- (39) Unknown pickup style light conventional truck type

Other Light Trucks ($\leq 4,500$ kgs GVWR)

- (40) Cab chassis based (includes rescue vehicles, light stake, dump, and tow truck)
- (41) Truck based panel
- (42) Light truck based motorhome (chassis mounted)
- (45) Other light conventional truck type
- (48) Unknown light truck type
- (49) Unknown light vehicle type (automobile, utility, van, or light truck)

OTHER VEHICLES

Buses (Excludes Van Based)

- (50) School bus (designed to carry students, not cross country or transit)
- (58) Other bus type (e.g., transit, intercity, bus based motorhome) (specify): _____

- (59) Unknown bus type

Medium/Heavy Trucks ($> 4,500$ kgs GVWR)

- (60) Step van ($> 4,500$ kgs GVWR)
- (61) Single unit straight truck ($4,500$ kgs $<$ GVWR $\leq 8,850$ kgs)
- (62) Single unit straight truck ($8,850$ kgs $<$ GVWR $\leq 12,000$ kgs)
- (63) Single unit straight truck ($> 12,000$ kgs GVWR)
- (64) Single unit straight truck, GVWR unknown
- (65) Medium/heavy truck based motorhome
- (67) Truck-tractor with no cargo trailer
- (68) Truck-tractor pulling one trailer
- (69) Truck-tractor pulling two or more trailers
- (70) Truck-tractor (unknown if pulling trailer)
- (78) Unknown medium/heavy truck type
- (79) Unknown truck type (light/medium/heavy)

Motored Cycles (Does Not Include All-Terrain Vehicles/Cycles)

- (80) Motorcycle
- (81) Moped (motorized bicycle)
- (82) Three-wheel motorcycle or moped
- (88) Other motored cycle (minibike, motorscooter) (specify): _____
- (89) Unknown motored cycle type

Other Vehicles

- (90) ATV (All-Terrain Vehicle) and ATC (All-Terrain Cycle)
- (91) Snowmobile
- (92) Farm equipment other than trucks
- (93) Construction equipment other than trucks
- (97) Other vehicle type
- (99) Unknown body type

OCCUPANT RELATED

16. Driver Presence in Vehicle 1
 (0) Driver not present
 (1) Driver present
 (9) Unknown
17. Number of Occupants This Vehicle 3
 (00-96) Code actual number of occupants for this vehicle
 (97) 97 or more
 (99) Unknown
18. Number of Occupant Forms Submitted 3

VEHICLE WEIGHT ITEMS

19. Vehicle Curb Weight 1, 080
 Code weight to nearest 10 kilograms.
 (045) Less than 450 kilograms
 (610) 6,100 kilograms or more
 (999) Unknown
- 0 2371 lbs X .4536 = 1, 075 kgs
- Source: [REDACTED]
20. Vehicle Cargo Weight 0
 Code weight to nearest 10 kilograms.
 (000) Less than 5 kilograms
 (450) 4,500 kilograms or more
 (999) Unknown
- lbs X .4536 = kgs

RECONSTRUCTION DATA

21. Towed Trailing Unit 0
 (0) No towed unit
 (1) Yes—towed trailing unit
 (9) Unknown
22. Documentation of Trajectory Data for This Vehicle 1
 (0) No
 (1) Yes
23. Post Collision Condition of Tree or Pole (For Highest Delta V) 0
 (0) Not collision (for highest delta V) with tree or pole
 (1) Not damaged
 (2) Cracked/sheared
 (3) Tilted < 45 degrees
 (4) Tilted ≥ 45 degrees
 (5) Uprooted tree
 (6) Separated pole from base
 (7) Pole replaced
 (8) Other (specify):
 (9) Unknown

24. Rollover 0
 (0) No rollover (no overturning)
- Rollover (primarily about the longitudinal axis)*
 (1) Rollover, 1 quarter turn only
 (2) Rollover, 2 quarter turns
 (3) Rollover, 3 quarter turns
 (4) Rollover, 4 or more quarter turns (specify):
- (5) Rollover--end-over-end (i.e., primarily about the lateral axis)
 (9) Rollover (overturn), details unknown

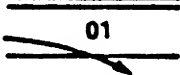

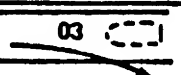
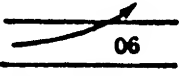
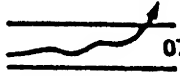
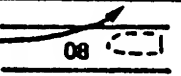
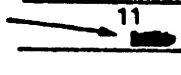
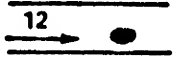
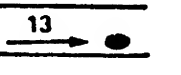
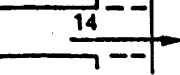
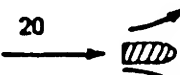
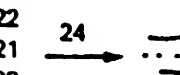
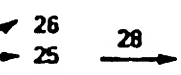
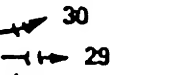
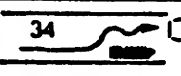
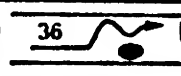
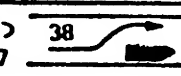
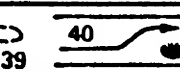
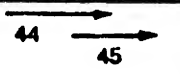
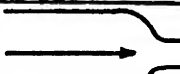

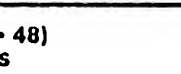
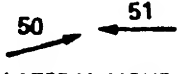


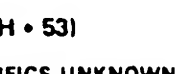
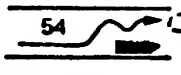
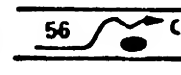
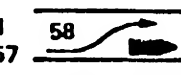
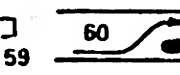
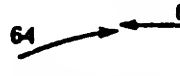


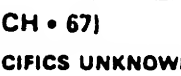
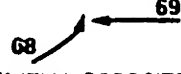
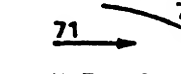
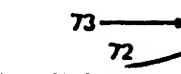

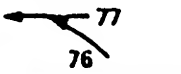
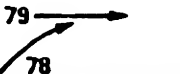

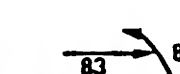
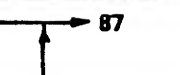
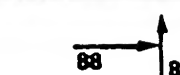

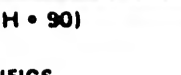
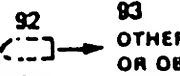

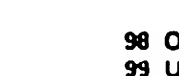

OVERRIDE/UNDERRIDE (THIS VEHICLE)

25. Front Override/Underride (this Vehicle) 0
26. Rear Override/Underride (this Vehicle) 0
- (0) No override/underride, or not an end-to-end impact
- Override (see specific CDC)*
 (1) 1st CDC
 (2) 2nd CDC
 (3) Other not automated CDC (specify):
- Underride (see specific CDC)*
 (4) 1st CDC
 (5) 2nd CDC
 (6) Other not automated CDC (specify):
- (7) Medium/heavy truck or bus override
 (9) Unknown

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

Values: (000)-(359) Code actual value
 (997) Noncollision
 (998) Impact with object
 (999) Unknown

27. Heading Angle For This Vehicle 1 05
28. Heading Angle For Other Vehicle 2 05

Category	Configuration	ACCIDENT TYPES (Includes Intent)				
I. Single Driver	A. Right Roadside Departure	 01 DRIVE OFF ROAD	 02 CONTROL/ TRACTION LOSS	 03 AVOID COLLISION WITH VEH., PED., ANIM.	04 SPECIFICS OTHER	05 SPECIFICS UNKNOWN
	B. Left Roadside Departure	 06 DRIVE OFF ROAD	 07 CONTROL/ TRACTION LOSS	 08 AVOID COLLISION WITH VEH., PED., ANIM.	09 SPECIFICS OTHER	10 SPECIFICS UNKNOWN
	C. Forward Impact	 11 PARKED VEH.	 12 STA. OBJECT	 13 PEDESTRIAN/ ANIMAL	 14 END DEPARTURE	15 SPECIFICS OTHER 16 SPECIFICS UNKNOWN
II Same Trafficway Same Direction	D. Rear-End	 20 STOPPED 21, 22, 23	 22 SLOWER 26, 28, 27	 24 DECEL. 29, 30, 31	 26 AVOID COLLISION WITH VEH.	(EACH • 32) SPECIFICS OTHER (EACH • 33) SPECIFICS UNKNOWN
	E. Forward Impact	 34 CONTROL/ TRACTION LOSS	 36 CONTROL/ TRACTION LOSS	 38 AVOID COLLISION WITH VEH.	 40 AVOID COLLISION WITH OBJECT	(EACH • 42) SPECIFICS OTHER (EACH • 43) SPECIFICS UNKNOWN
	F. Sideswipe Angle	 44 LATERAL MOVE	 45 LATERAL MOVE	 46 LATERAL MOVE	 47 LATERAL MOVE	(EACH • 48) SPECIFICS OTHER (EACH • 49) SPECIFICS UNKNOWN
III Same Trafficway Opposite Direction	G. Head-On	 50 LATERAL MOVE	 51 LATERAL MOVE	 52 LATERAL MOVE	 53 LATERAL MOVE	(EACH • 52) SPECIFICS OTHER (EACH • 53) SPECIFICS UNKNOWN
	H. Forward Impact	 54 CONTROL/ TRACTION LOSS	 56 CONTROL/ TRACTION LOSS	 58 AVOID COLLISION WITH VEH.	 60 AVOID COLLISION WITH OBJECT	(EACH • 62) SPECIFICS OTHER (EACH • 63) SPECIFICS UNKNOWN
	I. Sideswipe Angle	 64 LATERAL MOVE	 65 LATERAL MOVE	 66 LATERAL MOVE	 67 LATERAL MOVE	(EACH • 66) SPECIFICS OTHER (EACH • 67) SPECIFICS UNKNOWN
IV. Change Trafficway Vehicle Turning	J. Turn Across Path	 68 INITIAL OPPOSITE DIRECTIONS	 69 INITIAL OPPOSITE DIRECTIONS	 70 INITIAL SAME DIRECTIONS	 71 INITIAL SAME DIRECTIONS	(EACH • 74) SPECIFICS OTHER (EACH • 75) SPECIFICS UNKNOWN
	K. Turn Into Path	 76 TURN INTO SAME DIRECTION	 77 TURN INTO SAME DIRECTION	 78 TURN INTO OPPOSITE DIRECTIONS	 79 TURN INTO OPPOSITE DIRECTIONS	(EACH • 84) SPECIFICS OTHER (EACH • 85) SPECIFICS UNKNOWN
V. Intersecting Paths (Vehicle Damage)	L. Straight Paths	 86 STRAIGHT PATHS	 87 STRAIGHT PATHS	 88 STRAIGHT PATHS	 89 STRAIGHT PATHS	(EACH • 90) SPECIFICS OTHER (EACH • 91) SPECIFICS UNKNOWN
VI. Miscellaneous	M. Backing Etc.	 92 BACKING VEH.	 93 OTHER VEH. OR OBJECT	 94 OTHER VEH. OR OBJECT	 95 OTHER VEH. OR OBJECT	98 Other Accident Type 99 Unknown Accident Type 00 No Impact

29. Basis for Total Delta V (highest) 1*Delta V Calculated*

- (1) CRASH program—damage only routine
- (2) CRASH program—damage and trajectory routine
- (3) Missing vehicle algorithm

Delta V Not Calculated

- (4) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.
- (5) All vehicles within scope (CDC applicable) of CRASH program but one of the collision conditions is beyond the scope of the CRASH program or other acceptable reconstruction technique, regardless of adequacy of damage data.
- (6) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available.

COMPUTER GENERATED DELTA V

30. Total Delta V

Highest

63.8 Nearest kph (highest) 6 4
(39.6 mph) (44 mph)
Nearest kph (secondary)

(NOTE: 000 means less than
0.5 kph)
(160) 159.5 kph and above
(999) Unknown

31. Longitudinal Component of Delta V

+
63.6 Nearest kph (highest) 6 4
(-39.4 mph) (-43 mph)

- 63.6 Nearest kph (highest)
(-39.4 mph)
Nearest kph (secondary)

(NOTE: 000 means greater than
-0.5 kph and less than +0.5 kph)
(±160) ±159.5 kph and above
(999) Unknown

32. Lateral Component of Delta V

Highest

5.6 Nearest kph (highest) 0 0 6
(3.4 mph) (+43 mph)
Nearest kph (secondary)

(NOTE: 000 means greater than
-0.5 kph and less than +0.5 kph)
(±160) ±159.5 kph and above
(999) Unknown

33. Energy Absorption

246,338.9 Nearest 100 joules (highest) 2 4 6 3 0 0
(181,665.9 ft/lb) (131,744 ft/lb)
Nearest 100 joules (secondary)

(NOTE: 0000 means less than 50 joules)
(9997) 999,650 joules or more
(9999) Unknown

34. Confidence In Reconstruction Program Results (For Highest Delta V)

- (0) No reconstruction
- (1) Collision fits model — results appear reasonable
- (2) Collision fits model — results appear high
- (3) Collision fits model — results appear low
- (4) Borderline reconstruction — results appear reasonable

35. Type of Vehicle Inspection

- (0) No inspection
- (1) Complete inspection
- (2) Partial inspection (specify):

36. Is this an AOPS Vehicle?

- (0) No
- (1) Yes - researcher determined
- (2) VIN determined air bag system
- (3) VIN determined automatic (passive) belts
- (4) VIN determined air bag and automatic (passive) belts

IS OLDMISS APPLICABLE FOR THIS VEHICLE? [] YES [X] NO

IF YES: IS A COMPLETED OLDMISS PROGRAM SUMMARY INCLUDED? [] YES [] NO

37. Police Reported Other Drug Presence ϕ

- (0) No other drug(s) present
- (1) Yes [other drug(s) present]
- (7) Not reported
- (8) No driver present
- (9) Unknown

38. Police Reported Drug Evaluation Classification (DEC) Test For Driver ϕ

- (0) No DEC process available or given
- (1) DEC process given, results known
- (2) DEC process given, results unknown
- (3) DEC process available, unknown if given
- (8) No driver present

39. Other Drug Specimen Test Type For Driver ϕ

- (0) No specimen test given
- (1) Blood test
- (2) Urine test
- (3) Other specimen tests (specify): _____
- (7) Unspecified specimen test
- (8) No driver present
- (9) Unknown if specimen test given

DRUG EVALUATION CLASSIFICATION

OTHER DRUGS TEST RESULTS FOR DRIVER

	DEC Test Results	Specimen Test Results
Narcotic Drug	40. <u> ϕ </u>	41. <u> ϕ </u>
Depressant Drug	42. <u> ϕ </u>	43. <u> ϕ </u>
Stimulant Drug	44. <u> ϕ </u>	45. <u> ϕ </u>
Hallucinogen Drug	46. <u> ϕ </u>	47. <u> ϕ </u>
Cannabinoid Drug	48. <u> ϕ </u>	49. <u> 2 </u>
Phencyclidine (PCP)	50. <u> ϕ </u>	51. <u> ϕ </u>
Inhalant Drug	52. <u> ϕ </u>	53. <u> ϕ </u>
Other Drug (Excluding Nicotine, Aspirin, Alcohol, Drugs Administered Post-Crash)	54. <u> ϕ </u>	55. <u> ϕ </u>

Codes For DEC Test Results

- (0) No DEC test given
- (1) Passed DEC test
- (2) Failed DEC test
- (3) DEC test given—results unknown
- (8) No driver present
- (9) Unknown if DEC test given

Codes for Specimen Test Results

- (0) No specimen test given
- (1) Drug not found in specimen
- (2) Drug found in specimen
- (7) Specimen test given, results unknown or not obtained
- (8) No driver present
- (9) Unknown if specimen test given

OTHER DATA56. Driver's Zip Code

- (00000) Driver not present
 (00001) Driver not a resident of U.S. or territories
 Code actual 5-digit zip code
 (99999) Unknown

57. Driver's Race/Ethnic Origin L

- (0) Driver not present
 (1) White (non-Hispanic)
 (2) Black (non-Hispanic)
 (3) White (Hispanic)
 (4) Black (Hispanic)
 (5) American Indian, Eskimo or Aleut
 (6) Asian or Pacific Islander
 (8) Other (specify): _____
 (9) Unknown

58. Vehicle Special Use (This Trip) φ

- (0) No special use
 (1) Taxi
 (2) Vehicle used as school bus
 (3) Vehicle used as other bus
 (4) Military
 (5) Police
 (6) Ambulance
 (7) Fire truck or car
 (8) Other (specify): _____
 (9) Unknown

ROLLOVER DATA

If GV07 (Body Type) ≠ 1-49, leave GV59-GV63 blank.
 If GV24 (Rollover) = 0, then GV59-GV63 must equal 0.
 If GV24 = 9, then GV59-GV63 must equal 9.

59. Rollover Initiation Type φ

- (0) No rollover
 (1) Trip-over
 (2) Flip-over
 (3) Turn-over
 (4) Climb-over
 (5) Fall-over
 (6) Bounce-over
 (7) Collision with another vehicle
 (8) Other rollover initiation type specify): _____
 (9) Unknown rollover initiation type

60. Location of Rollover Initiation φ

- (0) No rollover
 (1) On roadway
 (2) On shoulder—paved
 (3) On shoulder—unpaved
 (4) On roadside or divided trafficway median
 (9) Unknown

61. Rollover Initiation Object Contacted φ φ 62. Location on Vehicle Where Initial Principal Tripping Force Is Applied φ

- (0) No rollover
 (1) Wheels/tires
 (2) Side plane
 (3) End plane
 (4) Undercarriage
 (5) Other location on vehicle (specify): _____
 (8) Non-contact rollover forces (specify): _____
 (9) Unknown

63. Direction of Initial Roll φ

- (0) No rollover
 (1) Roll right - primarily about the longitudinal axis
 (2) Roll left - primarily about the longitudinal axis
 (5) End-over-end (i.e., primarily about the lateral axis)
 (9) Unknown roll direction

PRECRASH DATA64. Pre-Event Movement (Prior to Recognition of Critical Event) φ L

- (01) Going straight
 (02) Slowing or stopping in traffic lane
 (03) Starting in traffic lane
 (04) Stopped in traffic lane
 (05) Passing or overtaking another vehicle
 (06) Disabled or parked in travel lane
 (07) Leaving a parking position
 (08) Entering a parking position
 (09) Turning right
 (10) Turning left
 (11) Making a U-turn
 (12) Backing up (other than for parking position)
 (13) Negotiating a curve
 (14) Changing lanes
 (15) Merging
 (16) Successful avoidance maneuver to a previous critical event
 (97) Other (specify): _____
 (98) No driver present
 (99) Unknown

CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

- (00) No rollover
- (01-30) — Vehicle Number

Noncollision

- (31) Turn-over — fall-over
- (33) Jackknife

Collision With Fixed Object

- (41) Tree (≤ 10 cm in diameter)
- (42) Tree (> 10 cm in diameter)
- (43) Shrubbery or bush
- (44) Embankment

- (45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post

- (50) Pole or post (≤ 10 cm in diameter)
- (51) Pole or post (> 10 cm but ≤ 30 cm in diameter)
- (52) Pole or post (> 30 cm in diameter)
- (53) Pole or post (diameter unknown)

- (54) Concrete traffic barrier
- (55) Impact attenuator
- (56) Other traffic barrier (includes guardrail)
(specify): _____

- (57) Fence
- (58) Wall
- (59) Building
- (60) Ditch or culvert
- (61) Ground
- (62) Fire hydrant
- (63) Curb
- (64) Bridge
- (68) Other fixed object (specify): _____

- (69) Unknown fixed object

Collision with Nonfixed Object

- (71) Motor vehicle not in-transport
- (76) Animal
- (77) Train
- (78) Trailer, disconnected in transport
- (79) Object fell from vehicle in-transport
- (88) Other nonfixed object (specify): _____

- (89) Unknown nonfixed object

- (98) Other event (specify): _____

- (99) Unknown event or object

PRECRASH DATA (Continued)

65. Critical Precrash Event 1 φ*This Vehicle Loss of Control Due To:*

- (01) Blow out or flat tire
- (02) Stalled engine
- (03) Disabling vehicle failure (e.g., wheel fell off) (specify): _____
- (04) Non-disabling vehicle problem (e.g., hood flew up) (specify): _____
- (05) Poor road conditions (puddle, pot hole, ice, etc.) (specify): _____
- (06) Traveling too fast for conditions
- (08) Other cause of control loss (specify): _____
- (09) Unknown cause of control loss

This Vehicle Traveling

- (10) Over the lane line on left side of travel lane
- (11) Over the lane line on right side of travel lane
- (12) Off the edge of the road on the left side
- (13) Off the edge of the road on the right side
- (14) End departure
- (15) Turning left at intersection
- (16) Turning right at intersection
- (17) Crossing over (passing through) intersection
- (19) Unknown travel direction

Other Motor Vehicle In Lane

- (50) Stopped
- (51) Traveling in same direction with lower speed (i.e., lower steady speed or decelerating)
- (52) Traveling in same direction with higher speed
- (53) Traveling in opposite direction
- (54) In crossover
- (55) Backing
- (59) Unknown travel direction of other motor vehicle in lane

Other Motor Vehicle Encroaching Into Lane

- (60) From adjacent lane (same direction)—over left lane line
- (61) From adjacent lane (same direction)—over right lane line
- (62) From opposite direction—over left lane line
- (63) From opposite direction—over right lane line
- (64) From parking lane
- (65) From crossing street, turning into same direction
- (66) From crossing street, across path
- (67) From crossing street, turning into opposite direction
- (68) From crossing street, intended path not known
- (70) From driveway, turning into same direction
- (71) From driveway, across path
- (72) From driveway, turning into opposite direction
- (73) From driveway, intended path not known
- (74) From entrance to limited access highway
- (78) Encroachment by other vehicle—details unknown

Pedestrian or Pedalcyclist, or Other Nonmotorist

- (80) Pedestrian in roadway
- (81) Pedestrian approaching roadway
- (82) Pedestrian—unknown location
- (83) Pedalcyclist or other nonmotorist in roadway (specify): _____
- (84) Pedalcyclist or other nonmotorist approaching roadway (specify): _____
- (85) Pedalcyclist or other nonmotorist—unknown location (specify): _____

Object or Animal

- (87) Animal in roadway
- (88) Animal approaching roadway
- (89) Animal—unknown location
- (90) Object in roadway
- (91) Object approaching roadway
- (92) Object—unknown location
- (98) Other critical precrash event (specify): _____
- (99) Unknown

For Corrective Actions Attempted see variable GV14
(Attempted Avoidance Manuever)

66. Precrash Stability After Avoidance Maneuver φ

- (0) No avoidance maneuver
- (1) Tracking
- (2) Skidding longitudinally—rotation less than 30 degrees
- (3) Skidding laterally—clockwise rotation
- (4) Skidding laterally—counterclockwise rotation
- (7) Other vehicle loss-of-control (specify): _____
- (8) No driver present
- (9) Precrash stability unknown

67. Precrash Directional Consequences of Avoidance Maneuver (Corrective Action) φ

- (0) No avoidance maneuver
- (1) Vehicle stayed in travel lane where avoidance maneuver was initiated
- (2) Vehicle stayed on roadway but left travel lane where avoidance maneuver was initiated
- (3) Vehicle stayed on roadway, not known if left travel lane where avoidance maneuver was initiated
- (4) Vehicle departed roadway
- (5) Avoidance maneuver initiated off roadway
- (8) No driver present
- (9) Directional consequences unknown

*** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV35 = 0), ***
DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS.

*** IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE ***
THE EXTERIOR VEHICLE, INTERIOR VEHICLE,
OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.



EXTERIOR VEHICLE FORM

1. Primary Sampling Unit Number _____

3. Vehicle Number 012. Case Number - Stratum DSI-94-AB-003

VEHICLE IDENTIFICATION

VIN J 8 1 R F 2 3 6 2 M 7 * * * * * Model Year 91Vehicle Make (specify): CHEVROLET Vehicle Model (specify): GEO STORM 3-DOOR

LOCATOR

Locate the end of the damage with respect to the vehicle longitudinal center line or bumper corner for end impacts or an undamaged axle for side impacts.

Specific Impact No.	Location of Direct Damage	Location of Field L
<u>01</u>	<u>BEGINS LEFT FRONT BUMPER CORNER</u>	<u>FULL FRONTAL</u>

CRUSH PROFILE IN CENTIMETERS

NOTES: Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space).

Measure and document on the vehicle diagram the location of maximum crush.

Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts.

Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

Use as many lines/columns as necessary to describe each damage profile.

Specific Impact Number	Plane of Impact C-Measurements	Direct Damage		Field L	C ₁	C ₂	C ₃	C ₄	C ₅	C ₆	±D
		Width (CDC)	Max Crush								
<u>01</u>	<u>FRONT BUMPER</u>	<u>100.4</u>	<u>145.5</u>	<u>60.0</u>	<u>145.5</u>	<u>126.4</u>	<u>98.4</u>	<u>59.5</u>	<u>33.2</u>	<u>19.8</u>	<u>-26.2</u>
	<u>- FREE SPACE</u>		<u>12.7</u>		<u>12.7</u>	<u>7.6</u>	<u>0</u>	<u>0</u>	<u>7.6</u>	<u>12.7</u>	
	<u>RESULTANT</u>		<u>132.8</u>		<u>132.8</u>	<u>118.4</u>	<u>98.4</u>	<u>59.5</u>	<u>25.6</u>	<u>7.1</u>	
			<u>@ C₁</u>								
					<u>U.S.</u>	<u>EQUIVALENTS</u>					
<u>01</u>	<u>FRONT BUMPER</u>	<u>39.5"</u>	<u>57.3"</u>	<u>23.6"</u>	<u>57.3"</u>	<u>49.6"</u>	<u>38.6"</u>	<u>23.4"</u>	<u>13.1"</u>	<u>7.8"</u>	<u>-10.3"</u>
	<u>- FREE SPACE</u>		<u>5.0"</u>		<u>5.0"</u>	<u>3.0"</u>	<u>0</u>	<u>0</u>	<u>3.0"</u>	<u>5.0"</u>	
	<u>RESULTANT</u>		<u>52.3"</u>		<u>52.3"</u>	<u>46.6"</u>	<u>38.6"</u>	<u>23.4"</u>	<u>10.1"</u>	<u>2.8"</u>	
			<u>@ C₁</u>								

ORIGINAL SPECIFICATIONS WORK SHEET

Wheelbase φ 96.5 inches x 2.54 = 245 cm

Overall Length 163.4 inches x 2.54 = 415 cm

Maximum Width 66.7 inches x 2.54 = 169 cm

Curb Weight 62,371 pounds x .4536 = 1,075 kg

Average Track 45.8 inches x 2.54 = 142 cm

Front Overhang 35.4 inches x 2.54 = 90 cm

Rear Overhang φ 3 1.1 inches x 2.54 = φ 7 9 cm

Undeformed End Width 0.600 inches x 2.54 = 1.52 cm

Engine Size: cyl./displ. 1 6 0 0 CC x .001 = 1.6 L

098 CID x .0164 = 1.6 L

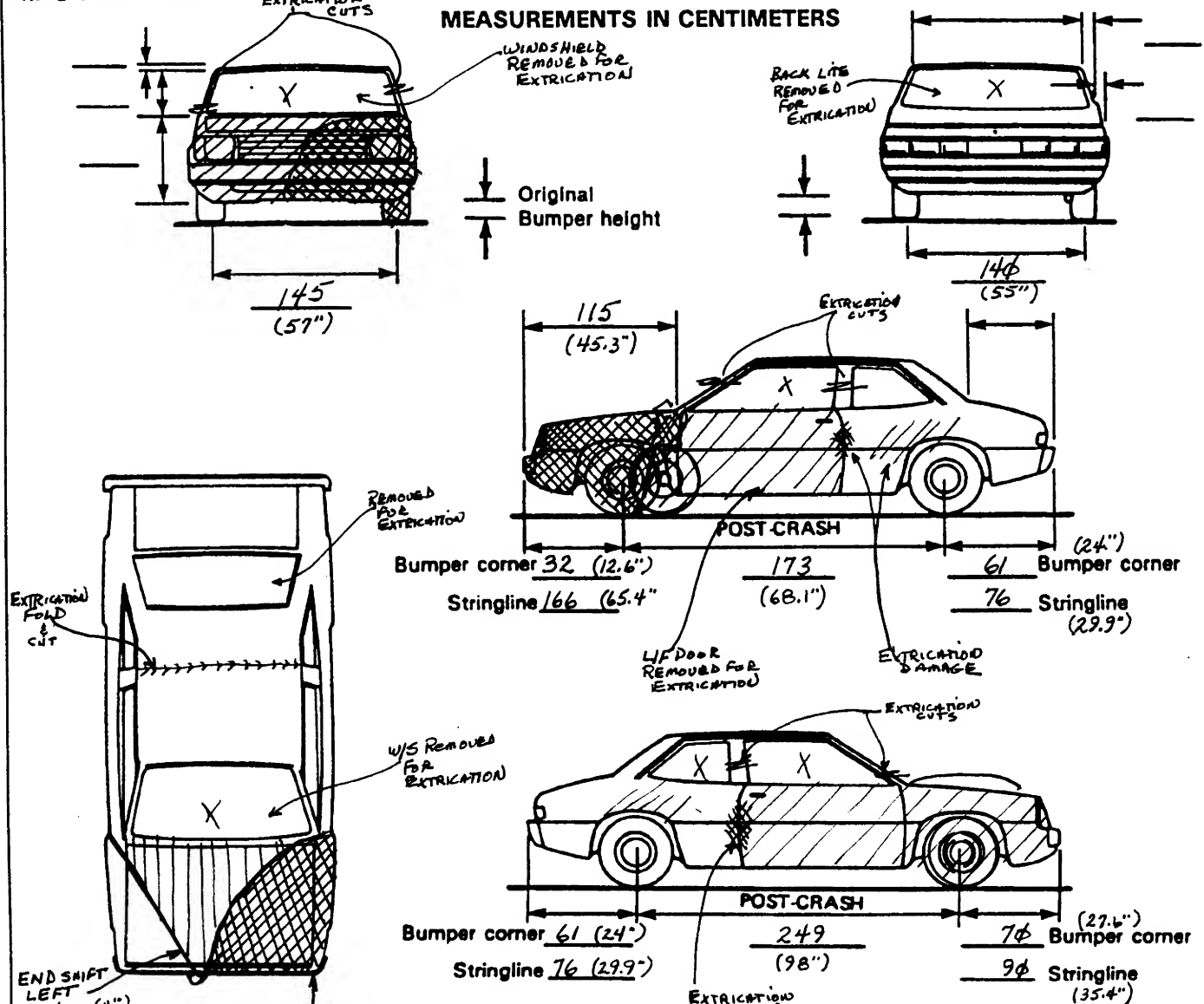
VEHICLE DAMAGE SKETCH

TIRE—WHEEL DAMAGE a. Rotation physically restricted RF <u>2</u> LF <u>1</u> RR <u>2</u> LR <u>2</u> (1) Yes (2) No (8) NA (9) Unk.		b. Tire deflated RF <u>2</u> LF <u>1</u> RR <u>2</u> LR <u>2</u>		ORIGINAL SPECIFICATIONS Wheelbase <u>245</u> cm Overall Length <u>415</u> cm Maximum Width <u>169</u> cm Curb Weight <u>1075</u> kg Average Track <u>142</u> cm Front Overhang <u>90</u> cm Rear Overhang <u>79</u> cm Undeformed End Width <u>152</u> cm Engine Size: cyl./displ. <u>I4/1.6</u> L		WHEEL STEER ANGLES (For locked front wheels or displaced rear axles only) RF \pm <u>0</u> ° LF \pm <u>0</u> ° RR \pm <u>0</u> ° LR \pm <u>0</u> ° Within \pm 5 degrees	
TYPE OF TRANSMISSION <input checked="" type="checkbox"/> Manual <u>5-SPEED</u> <input type="checkbox"/> Automatic				DRIVE WHEELS <input checked="" type="checkbox"/> FWD <input type="checkbox"/> RWD <input type="checkbox"/> 4WD			
				Approximate Cargo Weight <u>0</u> kg			

GAUGE STANDS A/DL

EXTRICATION CUTS

MEASUREMENTS IN CENTIMETERS



NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.

Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

CODES FOR OBJECT CONTACTED

(99) Unknown event or object

[illegible]

COLLISION DEFORMATION CLASSIFICATION

HIGHEST DELTA "V"

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Longitudinal or Lateral Location	(5) Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
4. <u>φ 1</u>	5. <u>φ 2</u>	6. <u>9 2</u>	7. <u>F</u>	8. <u>Y</u>	9. <u>E</u>	10. <u>W</u>	11. <u>φ 6</u>

Second Highest Delta "V"

12. _____	13. _____	14. _____	15. _____	16. _____	17. _____	18. _____	19. _____
-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------

CRUSH PROFILE IN CENTIMETERS

The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. (ALL MEASUREMENTS ARE IN CENTIMETERS.)

HIGHEST DELTA "V"

20. <u>L</u>	21. <u>C₁</u>	<u>C₂</u>	<u>C₃</u>	<u>C₄</u>	<u>C₅</u>	<u>C₆</u>	22. <u>± D</u>
<u>1 5 2</u> (60")	<u>1 3 3</u> (52")	<u>1 1 8</u> (47")	<u>φ 9 8</u> (39")	<u>φ 6 φ</u> (23")	<u>φ 2 6</u> (1φ")	<u>φ φ 7</u> (φ 3")	<u>⊖ φ 2 6</u> (-1φ")

Second Highest Delta "V"

23. <u>L</u>	24. <u>C₁</u>	<u>C₂</u>	<u>C₃</u>	<u>C₄</u>	<u>C₅</u>	<u>C₆</u>	25. <u>± D</u>
_____	_____	_____	_____	_____	_____	_____	<u>+</u> <u>-</u>

26. Are CDCs Documented but Not Coded on The Automated File? φ
(0) No
(1) Yes

27. Researcher's Assessment of Vehicle Disposition 1
(0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown

28. Original Wheelbase 2 4 5
Code to the nearest centimeter
(999) Unknown

φ 9 6 . 5 inches X 2.54 = 2 4 5 centimeters

<p>29. Is This A Multi-Stage Manufactured Vehicle And/Or A Certified Altered Vehicle? <u>φ</u> (0) No post manufacturer modifications (1) Yes - post manufacturer modifications (specify): _____ _____ (Include photograph of CERTIFICATION PLACARD in case report) (9) Unknown if vehicle is modified</p> <p>30. Fire Occurrence <u>φ</u> (0) No fire Yes, fire occurred (1) Minor (2) Major (9) Unknown</p> <p>31. Origin of Fire <u>φ</u> (0) No fire (1) Vehicle exterior (front, side, back, top) (2) Exhaust system (3) Fuel tank (and other fuel retention system parts) (4) Engine compartment (5) Cargo/trunk compartment (6) Instrument panel (7) Passenger compartment area (8) Other location (specify): _____ (9) Unknown</p> <p>32. Type of Fuel Tank-1 <u>1</u></p> <p>33. Type of Fuel Tank-2 <u>φ</u> (0) No fuel tank (electrical vehicle) (1) Metallic (2) Non-metallic (9) Unknown</p>	<p>34. Fuel Tank-1 Location <u>1</u></p> <p>35. Fuel Tank-2 Location <u>φ</u> (0) No fuel tank (1) Aft of center of the rear wheels (rear axle) centered (2) Aft of center of the rear wheels (rear axle) left side (3) Aft of center of the rear wheels (rear axle) right side (4) Forward of center of the rear wheels (rear axle) centered (5) Forward of center of the rear wheels (rear axle) left side (6) Forward of center of the rear wheels (rear axle) right side (7) Over center of the rear wheels (rear axle) (8) Other (specify): _____ (9) Unknown</p> <p>36. Fuel Tank-1 Filler Cap Location <u>4</u></p> <p>37. Fuel Tank-2 Filler Cap Location <u>φ</u> (0) No fuel tank (1) On back plane (2) Aft of center of the rear wheels (rear axle) on left side plane (3) Aft of center of the rear wheels (rear axle) on right side plane (4) Forward of center of the rear wheels (rear axle) on left side plane (5) Forward of center of the rear wheels (rear axle) on right side plane (6) Over the center of the rear wheels (rear axle) on left side plane (7) Over the center of the rear wheels (rear axle) on right side plane (8) Other (specify): _____ (9) Unknown</p> <p>38. Fuel Tank-1 Damage <u>1</u></p> <p>39. Fuel Tank-2 Damage <u>φ</u> (0) No fuel tank (1) No damage to fuel tank (2) Deformed, no seam failure (3) Deformed, with a seam failure (4) Punctured (5) Lacerated (ripped) (6) Abraded (scraped) (7) Filler neck separation from the fuel tank (8) Other damage (specify): _____ (9) Unknown</p>
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<p>40. Location of Fuel System-1 Leakage <u>1</u></p> <p>41. Location of Fuel System-2 Leakage <u>ϕ</u></p> <p style="margin-left: 20px;">(0) No fuel tank (1) No fuel leakage</p> <p style="margin-left: 20px;"><i>Primary Area Of Leakage</i></p> <p style="margin-left: 20px;">(2) Tank (3) Filler neck (4) Cap (5) Lines/pump/filter (6) Vent/emission recovery (8) Other (specify): _____</p> <p style="margin-left: 20px;">(9) <u>Unknown</u></p> <p>42. Fuel Type-1 <u>ϕ</u> <u>1</u></p> <p>43. Fuel Type-2 <u>ϕ</u> <u>ϕ</u></p> <p style="margin-left: 20px;"><i>Single Fuel Type</i></p> <p style="margin-left: 20px;">(00) No fuel tank (01) Gasoline (02) Diesel (03) CNG (Compressed Natural Gas) (04) LPG (Liquid Petroleum Gas) also known as Propane (05) LNG (Liquid Natural Gas) (06) Methanol (M100 or M85) (07) Ethanol (E100 or E85) (08) Other (Hydrogen or others) (specify): _____</p> <p style="margin-left: 20px;"><i>Electric Powered or Electric/Solar Powered Vehicles</i></p> <p style="margin-left: 20px;">(10) Lead Acid Battery (11) Nickel-Iron Battery (12) Nickel-Cadmium Battery (13) Sodium Metal Chloride Battery (14) Sodium Sulfur Battery (18) Other (Specify): _____</p> <p style="margin-left: 20px;">(98) Other Hybrid (specify): _____</p> <p style="margin-left: 20px;">(99) Unknown fuel type</p>	<p>44. Is This Vehicle Equipped With More Than Two Fuel Tanks? <u>ϕ</u></p> <p style="margin-left: 20px;">(0) No (one or two tanks only)</p> <p style="margin-left: 20px;"><i>Yes - More Than Two Tanks</i></p> <p style="margin-left: 20px;">(1) Yes -- <u>no damage</u> to any tank or filler cap and <u>no fuel system leakage</u></p> <p style="margin-left: 20px;">(2) Yes -- <u>no damage</u> to any tank or filler cap but <u>there is fuel system leakage</u> (specify leakage location): _____</p> <p style="margin-left: 20px;">(3) Yes -- <u>damage</u> to an additional tank or filler cap and <u>there is fuel system leakage</u> (specify the following): Type of tank _____ Tank location _____ Filler cap location _____ Tank damage _____ Location of leakage _____ Type of fuel _____</p> <p style="margin-left: 20px;">(9) Unknown if more than two tanks</p> <div style="text-align: center; border: 1px solid black; padding: 5px; margin: 10px 0;"> COMMENTS </div> <div style="border: 1px solid black; height: 150px; margin-top: 5px;"></div>
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*** STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT TOWED AND WAS NOT AN AOPS ***
(I.E., GV09 = 0 OR 9 AND GV36 = 0), DO NOT COMPLETE THE INTERIOR VEHICLE FORM.



INTERIOR VEHICLE FORM

1. Primary Sampling Unit Number _____

2. Case Number - Stratum DSI-94-AB-0033. Vehicle Number 01

INTEGRITY

4. Passenger Compartment Integrity 9 9
(00) No integrity loss

Yes, Integrity Was Lost Through

- (01) Windshield
(02) Door (side)
(03) Door/hatch (back door)
(04) Roof
(05) Roof glass
(06) Side window
(07) Rear window (backlight)
(08) Roof and roof glass
(09) Windshield and door (side)
(10) Windshield and roof
(11) Side and rear window (side window and backlight)
(12) Windshield and side window
(13) Door and side window
(98) Other combination of above (specify): _____
(99) Unknown

Door, Tailgate or Hatch Opening

5. LF 3 6. RF 3 7. LR 0 8. RR 0 9. TG/H 1

- (0) No door/gate/hatch
(1) Door/gate/hatch remained closed and operational
(2) Door/gate/hatch came open during collision
(3) Door/gate/hatch jammed shut
(8) Other (specify): _____
(9) Unknown

Damage/Failure Associated with Door, Tailgate or Hatch
Opening in Collision. If IV05-IV09 \neq 2, Then code 010. LF 0 11. RF 0 12. LR 0 13. RR 0 14. TG/H 0

- (0) No door/gate/hatch or door not opened

Door, Tailgate or Hatch Came Open During Collision

- (1) Door operational (no damage)
(2) Latch/striker failure due to damage
(3) Hinge failure due to damage
(4) Door structure failure due to damage
(5) Door support (i.e., pillar, sill, roof side rail,
etc.) failure due to damage
(6) Latch/striker and hinge failure due to damage
(8) Other failure (specify): _____
(9) Unknown

GLAZING

Glazing Damage from Impact Forces

15. WS 9 16. LF 9 17. RF 0 18. LR 9 19. RR 0
20. BL 9 21. Roof 0 22. Other 0

- (0) No glazing damage from impact forces
(2) Glazing in place and cracked from impact forces
(3) Glazing in place and holed from impact forces
(4) Glazing out-of-place (cracked or not) and not holed from
impact forces
(5) Glazing out-of-place and holed from impact forces
(6) Glazing disintegrated from impact forces
(7) Glazing removed prior to accident
(8) No glazing
(9) Unknown if damaged

Glazing Damage from Occupant Contact

23. WS 9 24. LF 9 25. RF 0 26. LR 9 27. RR 0
28. BL 9 29. Roof 0 30. Other 0

- (0) No occupant contact to glazing or no glazing
(1) Glazing contacted by occupant but no glazing damage
(2) Glazing in place and cracked by occupant contact
(3) Glazing in place and holed by occupant contact
(4) Glazing out-of-place (cracked or not) by occupant
contact and not holed by occupant contact
(5) Glazing out-of-place by occupant contact and holed by
occupant contact
(6) Glazing disintegrated by occupant contact
(9) Unknown if contacted by occupant

If No Glazing Damage *And* No Occupant Contact or No
Glazing, Then Code IV31 Through IV46 As 0

Type of Window/Windshield Glazing

31. WS 1 32. LF 2 33. RF 0 34. LR 2 35. RR 0
36. BL 2 37. Roof 0 38. Other 0

- (0) No glazing contact and no damage, or no glazing
(1) AS-1 — Laminated
(2) AS-2 — Tempered
(3) AS-3 — Tempered-tinted
(4) AS-14 — Glass/Plastic
(8) Other (specify): _____
(9) Unknown

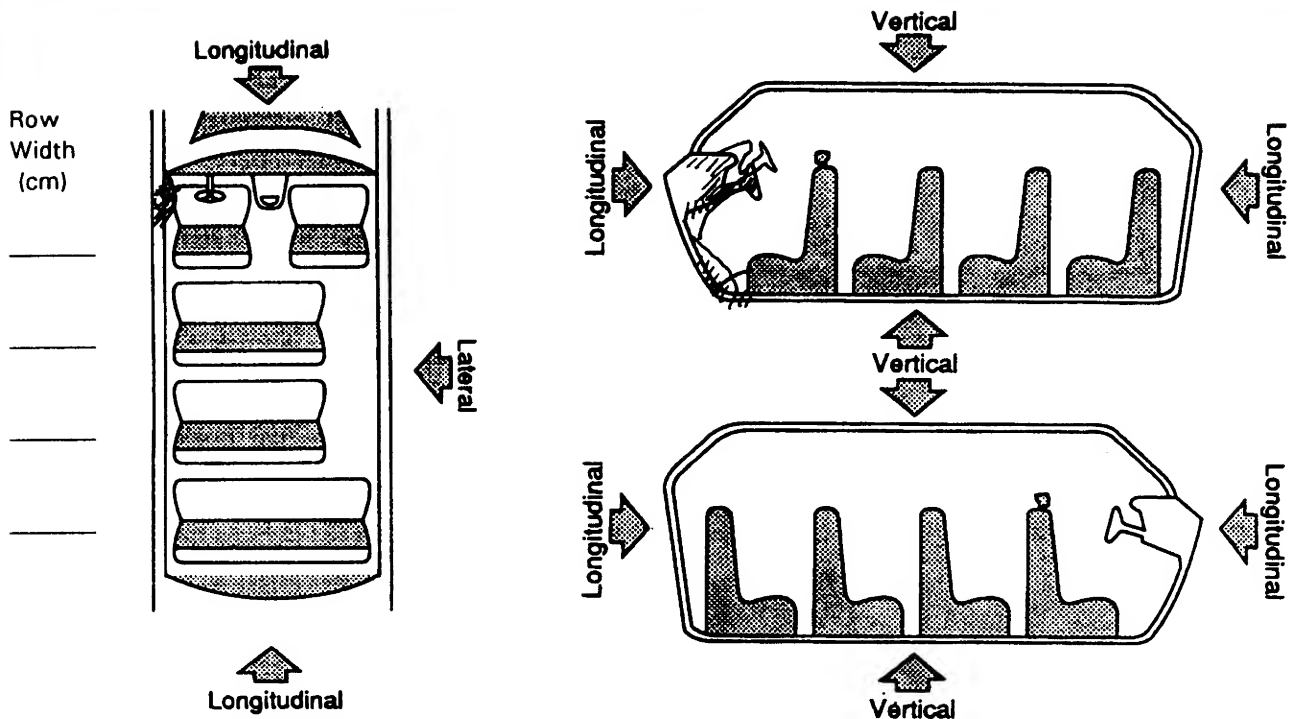
Window Precrash Glazing Status

39. WS 1 40. LF 2 41. RF 0 42. LR 1 43. RR 0
44. BL 1 45. Roof 0 46. Other 0

- (0) No glazing contact and no damage, or no glazing
(1) Fixed
(2) Closed
(3) Partially opened
(4) Fully opened
(9) Unknown

INTRUSION WORKSHEET

Note: Sketch intruded areas



LOCATION OF INTRUSION	INTRUDED COMPONENT	(All Measurements Are In Centimeters)				DOMINANT CRUSH DIRECTION
		COMPARISON VALUE	INTRUDED VALUE	=	INTRUSION	
11	FLOOR / TOP PAN	127 (50")	98 (39")	=	29 (11")	LONG.
11	L. INST. PANEL	17 (6.7")	30 (11.8")	=	13 (5.1")	VERTICAL
11	FLOOR / SILL	64 (25")	70 (27.5")	=	6 (2.4")	LATERAL
11	FLOOR	24 (9.5")	28 (11.0")	=	4 (1.5")	VERTICAL
		-	-	=		
		-	-	=		
		-	-	=		
		-	-	=		
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		-	-	=		
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		-	-	=		
		-	-	=		
		-	-	=		
		-	-	=		

OCCUPANT AREA INTRUSION

Note: If no intrusions, leave variables IV47-IV86 blank.

INTRUDING COMPONENT

	Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
1st	47. <u>1</u> <u>1</u>	48. <u>Ø</u> <u>5</u>	49. <u>3</u>	50. <u>2</u>
2nd	51. <u>1</u> <u>1</u>	52. <u>1</u> <u>7</u>	53. <u>3</u>	54. <u>2</u>
3rd	55. <u>1</u> <u>1</u>	56. <u>Ø</u> <u>2</u>	57. <u>2</u>	58. <u>1</u>
4th	59. <u>1</u> <u>1</u>	60. <u>1</u> <u>7</u>	61. <u>1</u>	62. <u>3</u>
5th	63. <u>1</u> <u>1</u>	64. <u>1</u> <u>7</u>	65. <u>1</u>	66. <u>1</u>
6th	67. <u> </u> <u> </u>	68. <u> </u> <u> </u>	69. <u> </u>	70. <u> </u>
7th	71. <u> </u> <u> </u>	72. <u> </u> <u> </u>	73. <u> </u>	74. <u> </u>
8th	75. <u> </u> <u> </u>	76. <u> </u> <u> </u>	77. <u> </u>	78. <u> </u>
9th	79. <u> </u> <u> </u>	80. <u> </u> <u> </u>	81. <u> </u>	82. <u> </u>
10th	83. <u> </u> <u> </u>	84. <u> </u> <u> </u>	85. <u> </u>	86. <u> </u>

Interior Components

- (01) Steering assembly
- (02) Instrument panel left
- (03) Instrument panel center
- (04) Instrument panel right
- (05) Toe pan
- (06) A (A1/A2)-pillar
- (07) B-pillar
- (08) C-pillar
- (09) D-pillar
- (10) Door panel (side)
- (12) Roof (or convertible top)
- (13) Roof side rail
- (14) Windshield
- (15) Windshield header
- (16) Window frame
- (17) Floor pan (includes sill)
- (18) Backlight header
- (19) Front seat back
- (20) Second seat back
- (21) Third seat back
- (22) Fourth seat back
- (23) Fifth seat back
- (24) Seat cushion
- (25) Back door/panel (e.g., tailgate)
- (26) Other interior component (specify):

- (27) Side panel - forward of the A (A2)-pillar
- (28) Side panel - rear of the A (A2)-pillar

Exterior Components

- (30) Hood
- (31) Outside surface of this vehicle (specify):
- (32) Other exterior object in the environment (specify):
- (33) Unknown exterior object
- (97) Catastrophic
- (98) Intrusion of unlisted component(s) (specify):
- (99) Unknown

LOCATION OF INTRUSION

Front Seat
 (11) Left
 (12) Middle
 (13) Right

Second Seat
 (21) Left
 (22) Middle
 (23) Right

Third Seat
 (31) Left
 (32) Middle
 (33) Right

Fourth Seat
 (41) Left
 (42) Middle
 (43) Right

(97) Catastrophic
 (98) Other enclosed area (specify)

(99) Unknown

MAGNITUDE OF INTRUSION

- (1) ≥ 3 centimeters but < 8 centimeters
- (2) ≥ 8 centimeters but < 15 centimeters
- (3) ≥ 15 centimeters but < 30 centimeters
- (4) ≥ 30 centimeters but < 46 centimeters
- (5) ≥ 46 centimeters but < 61 centimeters
- (6) ≥ 61 centimeters
- (7) Catastrophic
- (9) Unknown

DOMINANT CRUSH DIRECTION

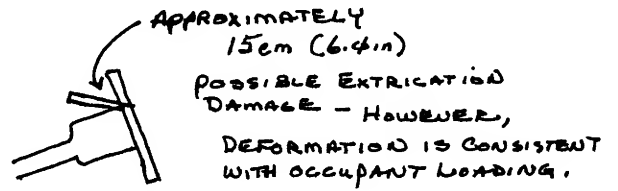
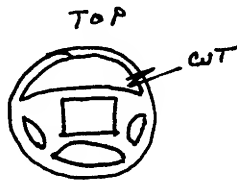
- (1) Vertical
- (2) Longitudinal
- (3) Lateral
- (7) Catastrophic
- (9) Unknown

STEERING RIM/SPOKE DEFORMATION

(All Measurements Are in Centimeters)

COMPARISON VALUE	—	DAMAGE VALUE	=	DEFORMATION
	—		=	
	—		=	
	—		=	
	—		=	

STEERING WHEEL RIM CUT FOR EXTRICATION



STEERING COLUMN87. Steering Column Type 2

- (1) Fixed column
 (2) Tilt column
 (3) Telescoping column
 (4) Tilt and telescoping column
 (8) Other column type (specify): _____

(9) Unknown

88. Blank X X

(This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.

89. Blank X X X

(This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.

90. Blank X X X

(This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.

91. Blank X X X

(This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.

92. Steering Rim/Spoke Deformation 9 9

- Code actual measured deformation to the nearest centimeter
 (00) No steering rim deformation
 (01-14) Actual measured value in centimeters
 (15) 15 centimeters or more
 (98) Observed deformation cannot be measured
 (99) Unknown

* S/W RIM CUT FOR EXTRICATION
 (SEE BACK OF PAGE 2, THIS FORM)

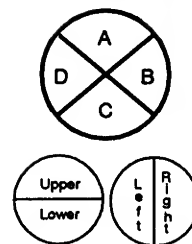
93. Location of Steering Rim/Spoke Deformation 9 9**Quarter Sections**

- (01) Section A
 (02) Section B
 (03) Section C
 (04) Section D

Half Sections

- (05) Upper half of rim/spoke
 (06) Lower half of rim/spoke
 (07) Left half of rim/spoke
 (08) Right half of rim/spoke

- (09) Complete steering wheel collapse
 (10) Undetermined location
 (99) Unknown

**INSTRUMENT PANEL**94. Odometer Reading 1 0 6,000

kilometers—Code to the nearest 1,000 kilometers

- (000) No odometer
 (001) Less than 1,500 kilometers
 (500) 499,500 kilometers or more
 (999) Unknown

065.661 miles X 1.6093 = 105.668 kilometers

Source: INSPECTION95. Instrument Panel Damage from Occupant Contact? 1

- (0) No
 (1) Yes
 (9) Unknown

96. Knee Bolsters Deformed from Occupant Contact? 8

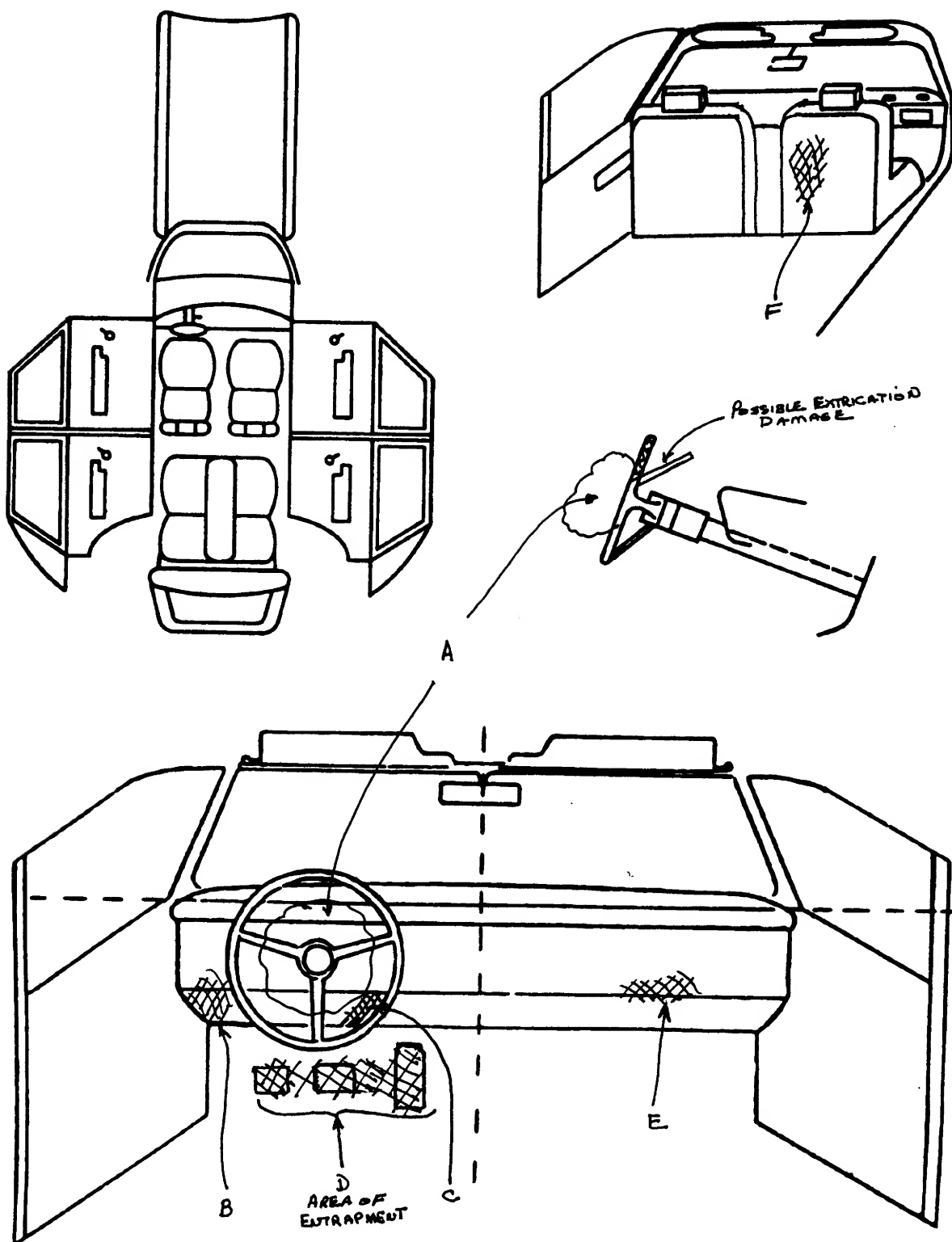
- (0) No
 (1) Yes
 (8) Not present
 (9) Unknown

97. Did Glove Compartment Door Open During Collision(s)? 1

- (0) No
 (1) Yes
 (8) Not present
 (9) Unknown

VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment



Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure).

Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.

Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

POINTS OF OCCUPANT CONTACT

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A	45	01	HEAD/FACE	AIR BAG DEPLOYED	1
B	09	01	L. KNEE/LEG	DEFORMATION/ABRADED/BODY OIL	1
C	09	01	R. KNEE/LEG	DEFORMATION/ABRADED	1
D	59	01	R&L FOOT	DEFORMATION	1
E	12	02	R. KNEE	DEFORMATION/ABRADED	2
F	40	03	R. ARM & UPPER TORSO	DEFORMATION/ABRADED/BODY OIL	2
G					
H					
I					
J					
K					
L					
M					
N					

CODES FOR INTERIOR COMPONENTS

FRONT

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (16) Driver side air bag compartment cover
- (17) Passenger side air bag compartment cover
- (18) Windshield reinforced by exterior object (specify): _____
- (19) Other front object (specify): _____

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A (A1/A2)-pillar

- (23) Left B-pillar

- (24) Other left pillar (specify): _____

- (25) Left side window glass or frame
- (26) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.

- (27) Other left side object (specify): _____

- (28) Left side window sill

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A (A1/A2)-pillar
- (33) Right B-pillar
- (34) Other right pillar (specify): _____

- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B pillar, or roof side rail.

- (37) Other right side object (specify): _____

- (38) Right side window sill

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar attachment point
- (43) Other restraint system component (specify): _____
- (44) Head restraint system
- (45) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers)

- (46) Other occupants (specify): _____

- (47) Interior loose objects

- (48) Child safety seat (specify): _____

- (49) Other interior object (specify): _____

ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

FLOOR

- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

REAR

- (60) Backlight (rear window)
- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify): _____

CONFIDENCE LEVEL OF CONTACT POINT

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

AUTOMATIC RESTRAINTS

NOTES: Encode the data for each applicable front seat position. The attribute for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

AIR BAGS

		Left	Right
F I R S T	Availability/Function		ϕ
	Deployment		ϕ
	Failure		ϕ

Air Bag System Availability/Function

- (0) Not equipped/not available
- (1) Air bag

Non-functional

- (2) Air bag disconnected (specify): _____
- (3) Air bag not reinstalled
- (9) Unknown

Air Bag System Deployment

- (0) Not equipped/not available
- (1) Air bag deployed during accident (as a result of impact)
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (9) Unknown

Are There Indications of Air Bag System Failure?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): _____
- (9) Unknown

AUTOMATIC BELTS

		Left	Right
F I R S T	Availability/Function	ϕ	ϕ
	Use	ϕ	ϕ
	Type	ϕ	ϕ
	Proper Use	ϕ	ϕ
	Failure Modes	ϕ	ϕ

Automatic (Passive) Belt System Availability/Function

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative)
- (3) Automatic belt use unknown
- (9) Unknown

Automatic (Passive) Belt System Type

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

Proper Use of Automatic (Passive) Belt System

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____
- (8) Other improper use of automatic belt system (specify): _____
- (9) Unknown

Automatic (Passive) Belt Failure Modes During Accident

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____
- (6) Broken retractor
- (7) Combination of above (specify): _____
- (8) Other automatic belt failure (specify): _____
- (9) Unknown

MANUAL RESTRAINTS

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

If a Child safety seat is present, encode the data on the back of this page.

If the vehicle has automatic restraints available, encode the appropriate data on the back of the previous page.

		Left	Center	Right
FIRST	Availability	4	φ	4
	Evidence of usage	NONE	φ φ	NONE
	Used in this crash?	φ φ	φ φ	φ φ
	Proper Use	φ	φ	φ
	Failure Modes	φ	φ	φ
SECOND	Availability	4	φ	4
	Evidence of usage	NONE	φ φ	φ φ
	Used in this crash?	φ φ	φ φ	φ φ
	Proper Use	φ	φ	φ
	Failure Modes	φ	φ	φ
OTHER	Availability			
	Evidence of usage			
	Used in this crash?			
	Proper Use			
	Failure Modes			

Manual (Active) Belt System Availability

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available - type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): _____

(9) Unknown

Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperable (specify): _____
- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used - type unknown
- (08) Other belt used (specify): _____
- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat - type unknown
- (18) Other belt used with child safety seat (specify): _____
- (99) Unknown if belt used

Proper Use of Manual (Active) Belts

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of manual belt system (specify): _____

(9) Unknown

Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

(6) Broken retractor

(7) Combination of above (specify): _____

(8) Other manual belt failure (specify): _____

(9) Unknown

CHILD SAFETY SEAT FIELD ASSESSMENT

When a child safety seat is present enter the occupant's number in the first row and complete the column below the occupant's number using the codes listed below. Complete a column for each child safety seat present.

Occupant Number						
1. Type of Child Safety Seat						
2. Child Safety Seat Orientation						
3. Child Safety Seat Harness Usage				0		
4. Child Safety Seat Shield Usage						
5. Child Safety Seat Tether Usage						
6. Child Safety Seat Make/Model		Specify Below for Each Child Safety Seat				

1. Type of Child Safety Seat

- (0) No child safety seat
- (1) Infant seat
- (2) Toddler seat
- (3) Convertible seat
- (4) Booster seat
- (7) Other type child safety seat (specify): _____
- (8) Unknown child safety seat type
- (9) Unknown if child safety seat used

2. Child Safety Seat Orientation

- (00) No child safety seat
- Designed for Rear Facing for This Age/Weight
- (01) Rear facing
- (02) Forward facing
- (08) Other orientation (specify): _____
- (09) Unknown orientation
- Designed for Forward Facing for This Age/Weight
- (11) Rear facing
- (12) Forward facing
- (18) Other orientation (specify): _____
- (19) Unknown orientation
- Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight
- (21) Rear facing
- (22) Forward facing
- (28) Other orientation (specify): _____
- (29) Unknown orientation
- (99) Unknown if child safety seat used

3. Child Safety Seat Harness Usage

4. Child Safety Seat Shield Usage

5. Child Safety Seat Tether Usage

Note: Options Below Are Used for Variables 3-5.

(00) No child safety seat

Not Designed with Harness/Shield/Tether

- (01) After market harness/shield/tether added, not used
- (02) After market harness/shield/tether used
- (03) Child safety seat used, but no after market harness/shield/tether added
- (09) Unknown if harness/shield/tether added or used

Designed With Harness/Shield/Tether

- (11) Harness/shield/tether not used
- (12) Harness/shield/tether used
- (19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

- (21) Harness/shield/tether not used
- (22) Harness/shield/tether used
- (29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

6. Child Safety Seat Make/Model

(Specify make/model and occupant number)

HEAD RESTRAINTS/SEAT EVALUATION

NOTES: Encode the applicable data for **each seat position** in the vehicle. The attribute for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
F I R S T	Head Restraint Type/Damage	1	φ	1
	Seat Type	φ2	φ φ	φ2
	Seat Performance	7	φ	5
	Seat Orientation	1	φ	1
S E C O N D	Head Restraint Type/Damage	φ	φ	φ
	Seat Type	φ5	φ5	φ5
	Seat Performance	1	1	1
	Seat Orientation	1	1	1
T H I R D	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			
O T H E R	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			

Head Restraint Type/Damage by Occupant at This Occupant Position

- (0) No head restraints
- (1) Integral — no damage
- (2) Integral — damaged during accident
- (3) Adjustable — no damage
- (4) Adjustable — damaged during accident
- (5) Add-on — no damage
- (6) Add-on — damaged during accident
- (8) Other Specify: _____
- (9) Unknown

Seat Type (this Occupant Position)

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify): _____
- (10) Box mounted seat (i.e., van type)
- (99) Unknown

Seat Performance (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed specify: _____
- (4) Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): _____
- (7) Combination of above (specify): FLOOR / SIDE / KICK PANEL
5 AND 6
- (8) Other (specify): _____
- (9) Unknown

Seat Orientation (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify): _____
- (9) Unknown

DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE (I.E., UNUSUAL OCCUPANT CONTACT PATTERN)

EJECTION/ENTRAPMENT DATA

Complete the following if the researcher has any indication that an occupant was either ejected from or entrapped in the vehicle. Code the appropriate data on the Occupant Assessment Form.

EJECTION No [☒] Yes []

Describe indications of ejection and body parts involved in partial ejection(s):

Occupant Number						
Ejection						
(Note on Vehicle Interior Sketch) Ejection Area						
Ejection Medium						
Medium Status						

Ejection

- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, Unknown degree
- (9) Unknown

Ejection Area

- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear

(7) Roof

- (8) Other area (e.g., back of pickup, etc.) (specify):

(9) Unknown

Ejection Medium

- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify):

(5) Integral structure

- (8) Other medium (specify):

(9) Unknown

Medium Status (Immediately Prior to Impact)

- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

ENTRAPMENT No [] Yes [☒]

Describe entrapment mechanism: RIGHT AND LEFT ANKLES/FEET

Component(s): CLUTCH AND BRAKE PEDALS / FLOOR / TOE PAN / L. FRONT SEAT.

(Note in vehicle interior diagram)

OCCUPANT ASSESSMENT FORM

**National Highway Traffic Safety
Administration**

**NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM**

OCCUPANT'S SEATING

1. Primary Sampling Unit Number _____
2. Case Number - Stratum DSI-94-AB-φφ3
3. Vehicle Number φ 1
4. Occupant Number φ 1

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 21
Code actual age at time of accident.
(00) Less than one year old (specify by month):

(97) 97 years and older
(99) Unknown

6. Occupant's Sex 1
 (1) Male
 (2) Female
 (9) Unknown

7. Occupant's Height 165
Code actual height to the nearest
centimeter.
(999) Unknown

65 inches X 2.54 = 165 centimeters

8. Occupant's Weight 64
Code actual weight to the nearest
kilogram.
(999) Unknown

140 pounds X .4536 = 63.5 kilograms

9. Occupant's Role 1
 (1) Driver
 (2) Passenger
 (9) Unknown

10. Occupant's Seat Position _/_
Front Seat
 (11) Left side
 (12) Middle
 (13) Right side
 (14) Other (specify): _____
 (15) On or in the lap of another occupant

Second Seat

- (21) Left side
(22) Middle
(23) Right side
(24) Other (specify): _____
(25) On or in the lap of another occupant

Third Seat

- (31) Left side
(32) Middle
(33) Right side
(34) Other (specify): _____
(35) On or in the lap of another occupant

Fourth Seat

- (41) Left side
(42) Middle
(43) Right side
(44) Other (specify): _____
(45) On or in the lap of another occupant

- (97) In or on unenclosed area
(98) Other seat (specify): _____
(99) Unknown

11. Occupant's Posture (0) Normal posture 0

Abnormal posture

- (1) Kneeling or standing on seat
- (2) Lying on or across seat
- (3) Kneeling, standing or sitting in front of seat
- (4) Sitting sideways or turned to talk with another occupant or to look out a rear window
- (5) Sitting on a console
- (6) Lying back in a reclined seat position
- (7) Bracing with feet or hands on a surface in front of seat
- (8) Other abnormal posture (specify):
- (9) Unknown

EJECTION/ENTRAPMENT

12. Ejection ϕ

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area ϕ

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

14. Ejection Medium ϕ

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____
- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

15. Medium Status (Immediately Prior To Impact) ϕ

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment ϕ

- (NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)
- (0) Not entrapped
 - (1) Entrapped
 - (9) Unknown

RESTRAINT SYSTEM EVALUATION

17. Manual (Active) Belt System Availability 4

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): _____

(9) Unknown _____

18. Manual (Active) Belt System Use φ φ

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): _____

(02) Shoulder belt _____

(03) Lap belt _____

(04) Lap and shoulder belt _____

(05) Belt used—type unknown _____

(08) Other belt used (specify): _____

(12) Shoulder belt used with child safety seat _____

(13) Lap belt used with child safety seat _____

(14) Lap and shoulder belt used with child safety seat _____

(15) Belt used with child safety seat—type unknown _____

(18) Other belt used with child safety seat (specify): _____

(99) Unknown if belt used _____

19. Proper Use of Manual (Active) Belts φ

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of manual belt system (specify): _____

(9) Unknown _____

20. Manual (Active) Belt Failure Modes During Accident φ

- (0) No manual belt used
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

(6) Broken retractor _____

(7) Combination of above (specify): _____

(8) Other manual belt failure (specify): _____

(9) Unknown _____

21. Air Bag System Availability/Function 1

- (0) Not equipped/not available
- (1) Air bag

Non-functional

(2) Air bag disconnected (specify): _____

(3) Air bag not reinstalled _____

(9) Unknown _____

22. Air Bag System Deployment 1

- (0) Not equipped/not available
- (1) Air bag deployed during accident (as a result of impact)
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (9) Unknown

23. Are There Indications of Air Bag System Failure? 1

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): _____

(9) Unknown _____

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

24. Police Reported Restraint Use φ

- (0) None used
- (1) Police did not indicate restraint use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Other or automatic restraint (specify): _____

(8) Restrained, type unknown _____

(9) Police indicated "unknown" _____

HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage by Occupant at This Occupant Position 1

- (0) No head restraints
- (1) Integral—no damage
- (2) Integral—damaged during accident
- (3) Adjustable—no damage
- (4) Adjustable—damaged during accident
- (5) Add-on—no damage
- (6) Add-on—damaged during accident
- (8) Other (specify):

(9) Unknown

26. Seat Type (this Occupant Position) φ 2

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify):

- (10) Box mounted seat (i.e., van type)
- (99) Unknown

27. Seat Performance (this Occupant Position) 7

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed (specify):
- (4) Seat track/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): FLOOR/SILL/L-KICK PANEL

(7) Combination of above (specify):

5 AND 6

(8) Other (specify):

(9) Unknown

CHILD SAFETY SEAT

28. Child Safety Seat Make/Model φ φ φ

(000) No child safety seat

Applicable codes are found in your NASS CDS
Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

29. Type of Child Safety Seat φ

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

30. Child Safety Seat Orientation φ φ

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

*Unknown Design or Orientation For This
Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage φ φ32. Child Safety Seat Shield Usage φ φ33. Child Safety Seat Tether Usage φ φNote: Options below applicable to
Variables OA31-OA33.

(00) No child safety seat

Not Designed With Harness/Shield/Tether(01) After market harness/shield/tether
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market
harness/shield/tether added(09) Unknown if harness/shield/tether
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES34. Injury Severity (Police Rating) 3

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

35. Treatment - Mortality 3

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (8) Treatment - other (specify):

(9) Unknown

36. Type Of Medical Facility (for Initial Treatment) 1

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

(9) Unknown

37. Hospital Stay 1 1

(00) Not Hospitalized

Code the number of days (up through 60)
that the occupant stayed in hospital.

- (61) 61 days or more
- (99) Unknown

99. Case Occupant 1

- (0) Not Case Occupant
- (1) This is the Case Occupant
- (2) This is the Case Occupant
in another case

38. Working Days Lost 6 1

Code the number of days
(up through 60) that the occupant
lost from work due to the accident

- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

STOP - GO TO VARIABLE 44 ON PAGE 7**VARIABLES 39 THROUGH 43 ARE
COMPLETED BY THE ZONE CENTER**39. Time to Death φ φ

Code number of hours from time of
accident to time of death up through 24
hours. If time of death is greater than 24
hours, code number of days. (Note: 1 day =
31, 2 days = 32, ... n days = 30 + n up
through 30 days = 60)

- (00) Not fatal
- (96) Fatal - ruled disease
- (99) Unknown

40. 1st Medically Reported Cause of Death φ φ41. 2nd Medically Reported Cause of Death φ φ42. 3rd Medically Reported Cause of Death φ φ

Code the Occupant Injury from line
number(s) for the medically reported
injury(s) which reportedly contributed to
this occupant's death

- (00) Not fatal or no additional causes
- (96) Mode of death given but specific
injuries are not linked to cause
of death. (specify):

(97) Other result (includes fatal ruled
disease) (specify):

(99) Unknown

43. Number of Recorded Injuries for
This Occupant 1 φ

Code the actual number of
injuries recorded for this occupant.

- (00) No recorded injuries
- (97) Injured, details unknown
- (99) Unknown if injured

AUTOMATIC BELT SYSTEM44. Automatic (Passive) Belt System Availability/Function ☒

- (0) Not equipped/not available
 (1) 2 point automatic belts
 (2) 3 point automatic belts
 (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
 (9) Unknown

45. Automatic (Passive) Belt System Use ☒

- (0) Not equipped/not available/destroyed or rendered inoperative
 (1) Automatic belt in use
 (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):

- (3) Automatic belt use unknown
 (9) Unknown

46. Automatic (Passive) Belt System Type ☒

- (0) Not equipped/not available
 (1) Non-motorized system
 (2) Motorized system
 (9) Unknown

47. Proper Use of Automatic (Passive) Belt System ☒

- (0) Not equipped/not available/not used
 (1) Automatic belt used properly
 (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
 (4) Automatic shoulder belt worn behind back
 (5) Automatic belt worn around more than one person
 (6) Lap portion of automatic belt worn on abdomen
 (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):

- (8) Other improper use of automatic belt system (specify):

 (9) Unknown

48. Automatic (Passive) Belt Failure Modes During Accident ☒

- (0) Not equipped/not available/not in use
 (1) No automatic belt failure(s)
 (2) Torn webbing (stretched webbing not included)
 (3) Broken buckle or latchplate
 (4) Upper anchorage separated
 (5) Other anchorage separated (specify):

- (6) Broken retractor
 (7) Combination of above (specify):
 (8) Other automatic belt failure (specify):

 (9) Unknown

49. Seat Orientation (this Occupant Position) ☒

- (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify):

- (9) Unknown

Check the Primary Source Used In Determining Belt Use.

- [] Not equipped/not available/destroyed or rendered inoperative
☒ Vehicle inspection
 [] Official injury data
 [] Driver/occupant interview
 [] Other (specify):

- [] Unknown if belt used

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION?

NO ☒ YES []

UPDATE CANDIDATE?

NO ☒ YES []

STOP - VARIABLES 50 THROUGH 53 ARE COMPLETED BY THE ZONE CENTER**TRAUMIA DATA**

50. Glasgow Coma Scale (GCS) Score 1 5
(at Medical Facility)
(00) Not injured
(01) Injured - not treated at medical facility
(02) No GCS Score at medical facility
(03-15) Code the actual value of the initial GCS Score recorded at medical facility.
(97) Injured, details unknown
(99) Unknown if injured
51. Was the Occupant Given Blood? 9
(1) No - blood not given
(2) Yes - blood given
(specify units): _____
(9) Unknown if blood given
52. Arterial Blood Gases (ABG) - HCO_3 ϕ 1
(00) Not injured
(01) Injured, ABGs not measured or reported
(02-50) Code the actual value of the HCO_3
(96) ABGs reported, HCO_3 unknown
(97) Injured, details unknown
(99) Unknown if injured

BELT USE DETERMINATION

53. Primary Source of Belt Use Determination 1
(0) Not equipped/not available/destroyed or rendered inoperative
(1) Vehicle inspection
(2) Official injury data
(3) Driver/occupant interview
(8) Other (specify): _____
(9) Unknown if belt used



U.S. Department of Transportation

Form Approved
O.M.B. No. 2127-0021National Highway Traffic Safety
Administration

OCCUPANT INJURY FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number _____

3. Vehicle Number φ 12. Case Number - Stratum DSI-94-AB-φφ34. Occupant Number φ 1

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

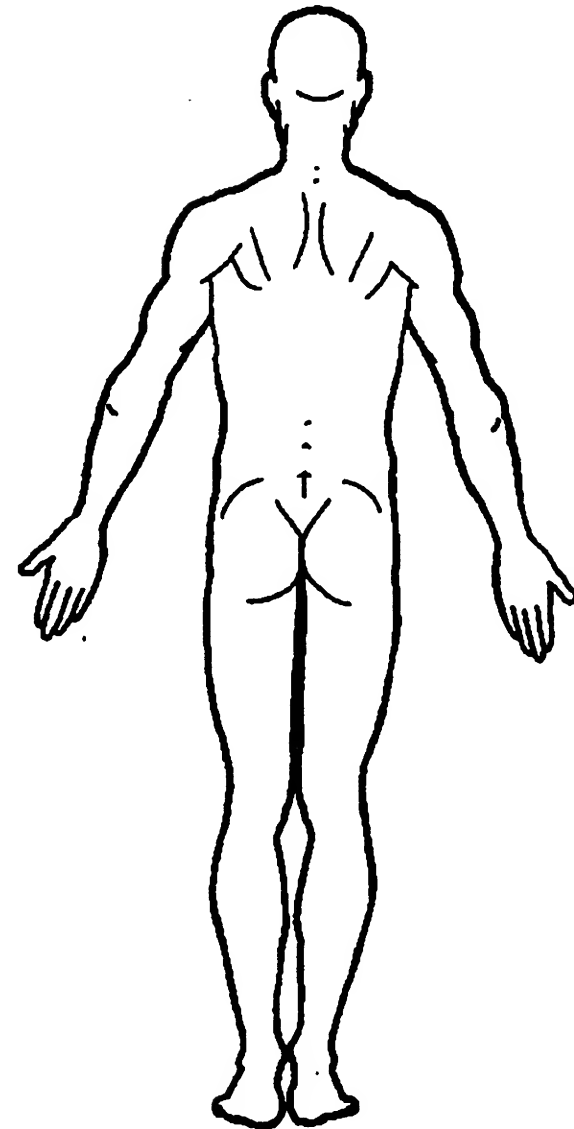
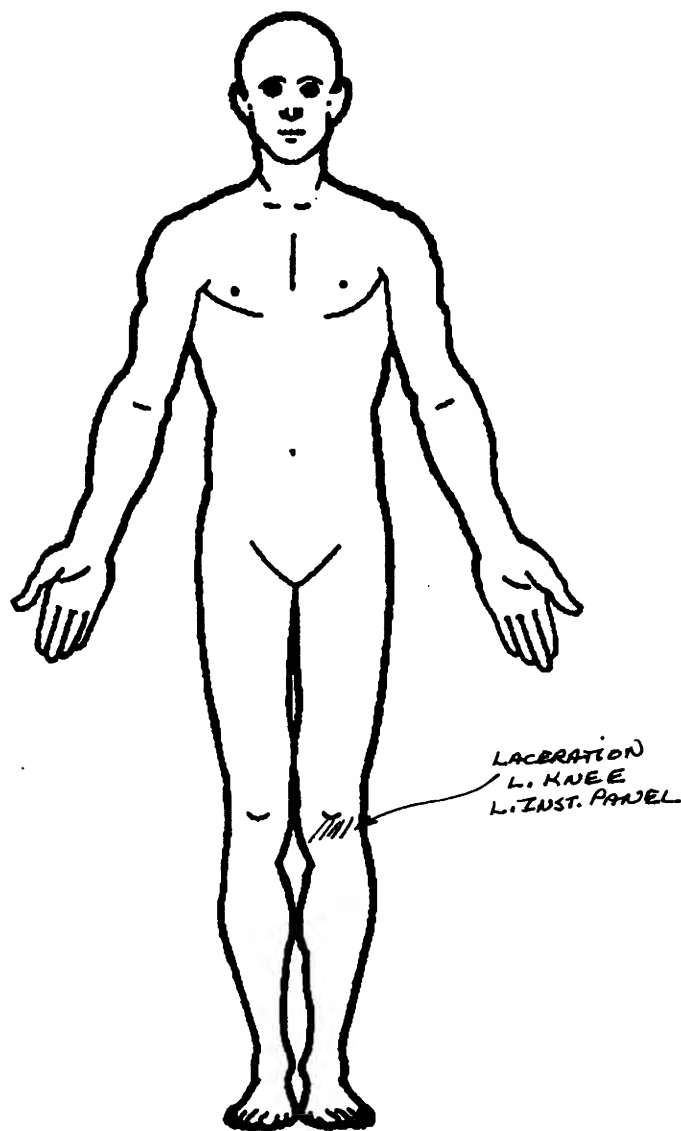
	Source of Injury Data	A.I.S. - 90					Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number	ICD-	
		Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity						Aspect
1st	5. <u>2</u>	6. <u>8</u>	7. <u>5</u>	8. <u>18</u>	9. <u>14</u>	10. <u>3</u>	11. <u>2</u>	12. <u>φ9</u>	13. <u>1</u>	14. <u>2</u>	15. <u>φ3</u>	<u>821.1</u>
2nd	16. <u>2</u>	17. <u>8</u>	18. <u>5</u>	19. <u>18</u>	20. <u>12</u>	21. <u>3</u>	22. <u>2</u>	23. <u>φ9</u>	24. <u>1</u>	25. <u>2</u>	26. <u>φ3</u>	<u>82φ.1</u>
3rd	27. <u>2</u>	28. <u>8</u>	29. <u>5</u>	30. <u>18</u>	31. <u>14</u>	32. <u>3</u>	33. <u>1</u>	34. <u>φ9</u>	35. <u>1</u>	36. <u>2</u>	37. <u>φ3</u>	<u>821.φ</u>
4th	38. <u>2</u>	39. <u>1</u>	40. <u>6</u>	41. <u>φ4</u>	42. <u>14</u>	43. <u>2</u>	44. <u>φ</u>	45. <u>14</u>	46. <u>1</u>	47. <u>1</u>	48. <u>φφ</u>	<u>85φ.1</u>
5th	49. <u>2</u>	50. <u>8</u>	51. <u>5</u>	52. <u>16</u>	53. <u>12</u>	54. <u>2</u>	55. <u>1</u>	56. <u>56</u>	57. <u>1</u>	58. <u>1</u>	59. <u>φ1</u>	<u>824.5</u>
6th	60. <u>2</u>	61. <u>8</u>	62. <u>5</u>	63. <u>22</u>	64. <u>φφ</u>	65. <u>2</u>	66. <u>1</u>	67. <u>56</u>	68. <u>1</u>	69. <u>1</u>	70. <u>φ1</u>	<u>825.3</u>
7th	71. <u>2</u>	72. <u>8</u>	73. <u>5</u>	74. <u>22</u>	75. <u>φφ</u>	76. <u>2</u>	77. <u>1</u>	78. <u>56</u>	79. <u>1</u>	80. <u>1</u>	81. <u>φ1</u>	<u>825.3</u>
8th	82. <u>2</u>	83. <u>8</u>	84. <u>5</u>	85. <u>34</u>	86. <u>14</u>	87. <u>2</u>	88. <u>1</u>	89. <u>56</u>	90. <u>1</u>	91. <u>1</u>	92. <u>φ1</u>	<u>837.1</u>
9th	93. <u>2</u>	94. <u>8</u>	95. <u>9</u>	96. <u>φ6</u>	97. <u>φ2</u>	98. <u>1</u>	99. <u>2</u>	100. <u>56</u>	101. <u>1</u>	102. <u>1</u>	103. <u>φ1</u>	<u>891.φ</u>
10th	104. <u>2</u>	105. <u>8</u>	106. <u>5</u>	107. <u>12</u>	108. <u>φ6</u>	109. <u>1</u>	110. <u>1</u>	111. <u>φ9</u>	112. <u>1</u>	113. <u>1</u>	114. <u>φ3</u>	<u>838.1</u>

OCCUPANT INJURY DATA

			A.I.S. - 90						Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number	ICD-
	Source of Injury Data	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source				
11th	---	---	---	-----	----	---	---	----	---	---	----	
12th	---	---	---	-----	----	---	---	----	---	---	----	
13th	---	---	---	-----	----	---	---	----	---	---	----	
14th	---	---	---	-----	----	---	---	----	---	---	----	
15th	---	---	---	-----	----	---	---	----	---	---	----	
16th	---	---	---	-----	----	---	---	----	---	---	----	
17th	---	---	---	-----	----	---	---	----	---	---	----	
18th	---	---	---	-----	----	---	---	----	---	---	----	
19th	---	---	---	-----	----	---	---	----	---	---	----	
20th	---	---	---	-----	----	---	---	----	---	---	----	
21st	---	---	---	-----	----	---	---	----	---	---	----	
22nd	---	---	---	-----	----	---	---	----	---	---	----	
23rd	---	---	---	-----	----	---	---	----	---	---	----	
24th	---	---	---	-----	----	---	---	----	---	---	----	
25th	---	---	---	-----	----	---	---	----	---	---	----	

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



SOURCE OF INJURY DATA

OFFICIAL

- (1) Autopsy records with or without hospital/medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): _____
- (9) Police

INJURY SOURCE

FRONT

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (16) Driver side air bag compartment cover
- (17) Passenger side air bag compartment cover
- (18) Windshield reinforced by exterior object (specify): _____
- (19) Other front object (specify): _____

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A (A1/A2)-pillar
- (23) Left B-pillar
- (24) Other left pillar (specify): _____

- (25) Left side window glass or frame
- (26) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (27) Other left side object (specify): _____
- (28) Left side window sill

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A (A1/A2)-pillar
- (33) Right B-pillar
- (34) Other right pillar (specify): _____
- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (37) Other right side object (specify): _____
- (38) Right side window sill

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar or door frame attachment point
- (43) Other restraint system component (specify): _____
- (44) Head restraint system
- (45) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers)
- (46) Other occupants (specify): _____
- (47) Interior loose objects
- (48) Child safety seat (specify): _____
- (49) Other interior object (specify): _____

ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

FLOOR

- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

REAR

- (60) Backlight (rear window)

- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify): _____

EXTERIOR of OCCUPANT'S VEHICLE

- (65) Hood
- (66) Outside hardware (e.g., outside mirror, antenna)
- (67) Other exterior surface or tires (specify): _____
- (68) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (70) Front bumper
- (71) Hood edge
- (72) Other front of vehicle (specify): _____
- (73) Hood
- (74) Hood ornament
- (75) Windshield, roof rail, A-pillar
- (76) Side surface
- (77) Side mirrors
- (78) Other side protrusions (specify): _____
- (79) Rear surface
- (80) Undercarriage
- (81) Tires and wheels
- (82) Other exterior of other motor vehicle (specify): _____
- (83) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (84) Ground
- (85) Other vehicle or object (specify): _____
- (86) Unknown vehicle or object

NONCONTACT INJURY

- (90) Fire in vehicle
- (91) Flying glass
- (92) Other noncontact injury source (specify): _____
- (93) Air bag exhaust gases
- (97) Injured, unknown source

INJURY SOURCE CONFIDENCE LEVEL

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

DIRECT/INDIRECT INJURY

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

OCCUPANT INJURY CLASSIFICATION

Body Region

- (1) Head
- (2) Face
- (3) Neck
- (4) Thorax
- (5) Abdomen
- (6) Spine
- (7) Upper Extremity
- (8) Lower Extremity
- (9) Unspecified

Type of Anatomic Structure

- (1) Whole Area
- (2) Vessels
- (3) Nerves
- (4) Organs (includes muscles/ligaments)
- (5) Skeletal (includes joints)
- (6) Head - LOC
- (9) Skin

Specific Anatomic Structure

Whole Area

- (02) Skin - Abrasion
- (04) Skin - Contusion
- (06) Skin - Laceration
- (08) Skin - Avulsion
- (10) Amputation
- (20) Burn
- (30) Crush
- (40) Degloving
- (50) Injury - NFS
- (90) Trauma, other than mechanical

Head - LOC

- (02) Length of LOC
- (04, 06, 08) Level of Consciousness
- (10) Concussion

Spine

- (02) Cervical
- (04) Thoracic
- (06) Lumbar

Vessels, Nerves, Organs, Bones, Joints are assigned consecutive two digit numbers beginning with 02

Level of Injury

Specific injuries are assigned consecutive two-digit numbers beginning with 02.

To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.

Abbreviated Injury Scale

- (1) Minor injury
- (2) Moderate injury
- (3) Serious injury
- (4) Severe injury
- (5) Critical injury
- (6) Maximum (untreatable)
- (7) Injured, unknown severity

Aspect

- (1) Right
- (2) Left
- (3) Bilateral
- (4) Central
- (5) Anterior
- (6) Posterior
- (7) Superior
- (8) Inferior
- (9) Unknown
- (0) Whole region

OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

☒ No

☐ Yes

Blood Alcohol Level
(mg/dl)

BAL = .07

Glasgow Coma
Scale Score

GCSS = 15

Units of Blood
Given

Units = UNK

Arterial Blood Gases

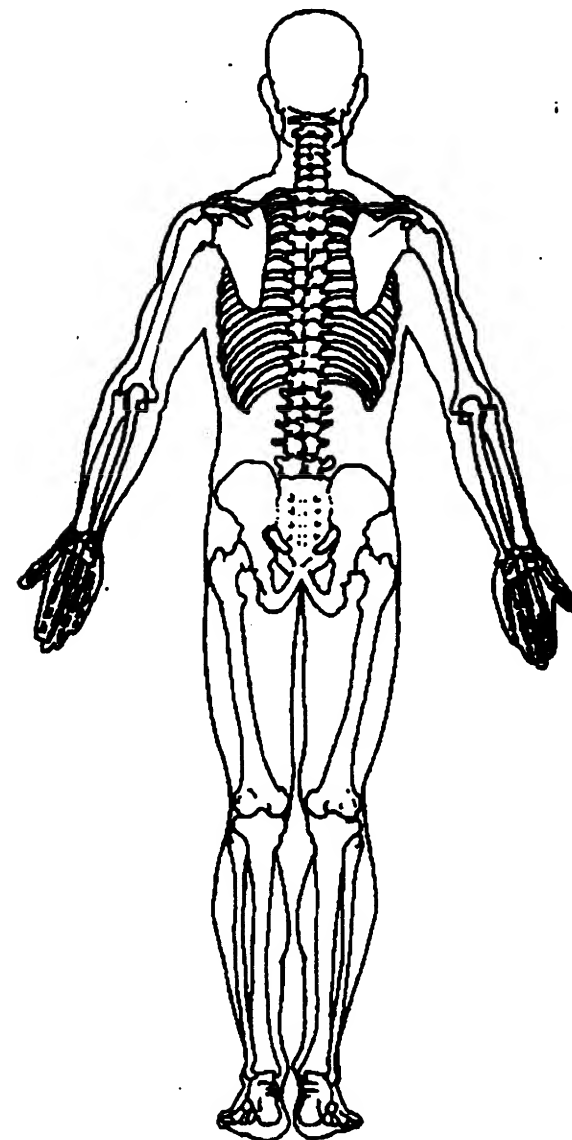
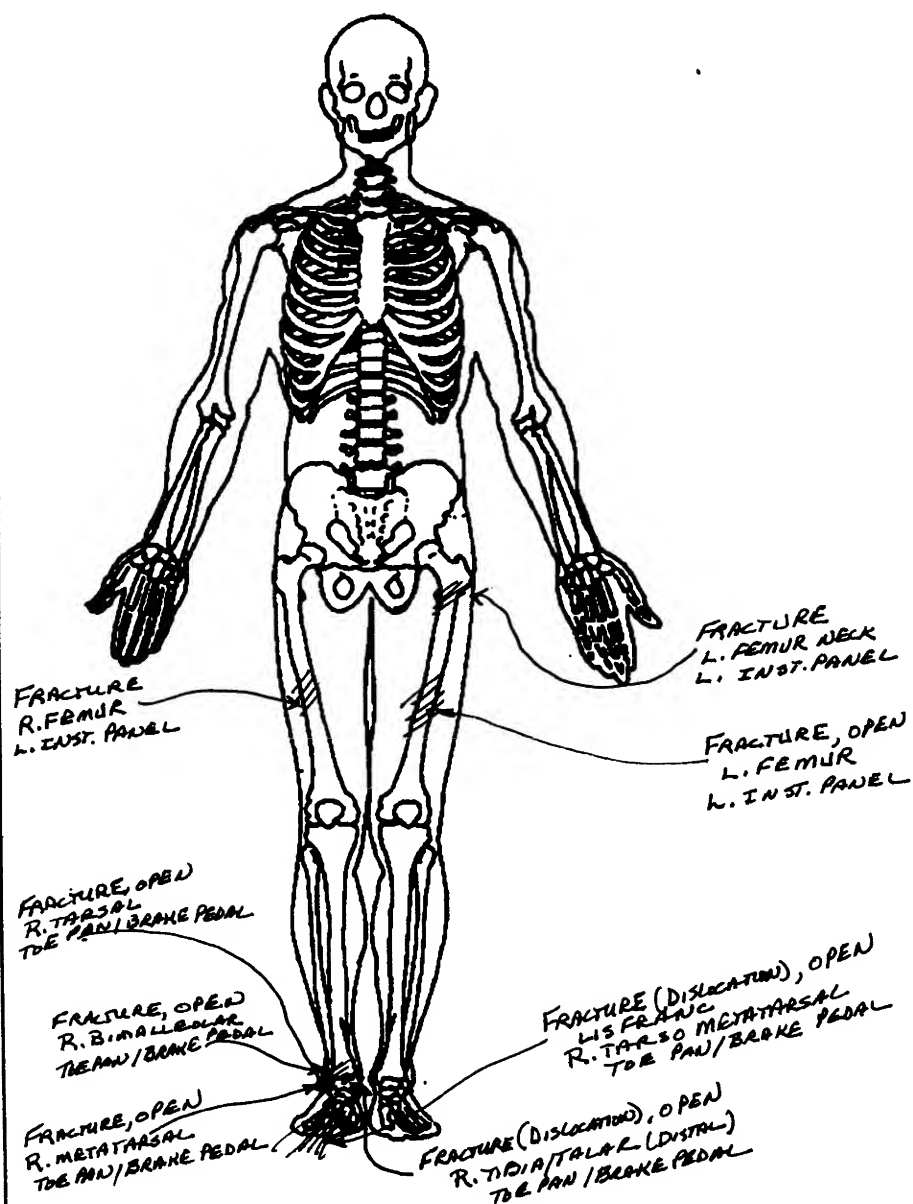
pH = 7.35

PO₂ = 100

PCO₂ = 40

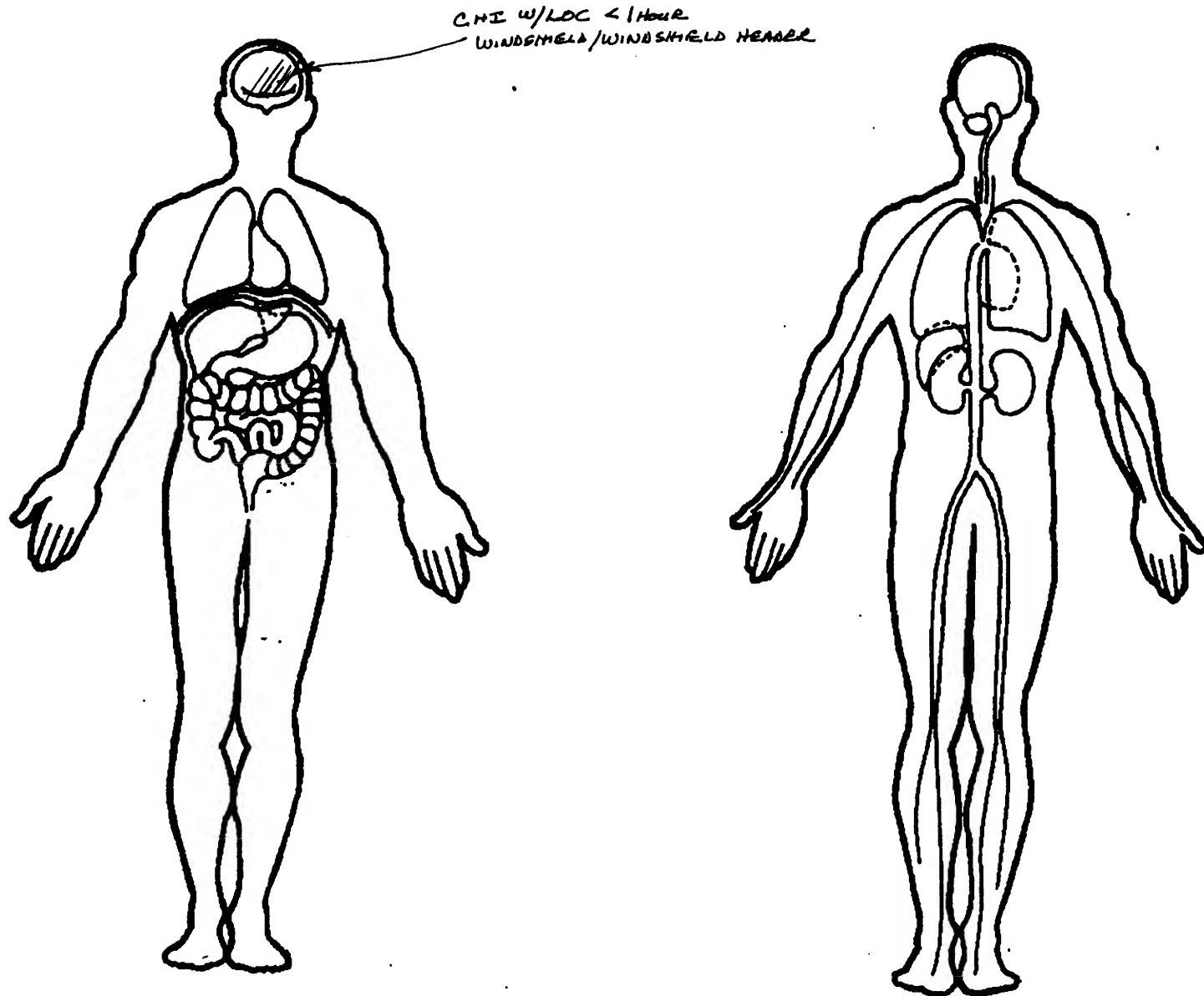
HCO₃ = 24

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



OFFICIAL INJURY DATA — INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



National Highway Traffic Safety
Administration

OCCUPANT ASSESSMENT FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

OCCUPANT'S SEATING

1. Primary Sampling Unit Number _____
2. Case Number - Stratum DSI-94-AB-φφ3
3. Vehicle Number φ 1
4. Occupant Number φ 2

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 1 9
Code actual age at time of accident.
(00) Less than one year old (specify by month): _____
(97) 97 years and older
(99) Unknown

6. Occupant's Sex 2
(1) Male
(2) Female
(9) Unknown

7. Occupant's Height 1 7 3
Code actual height to the nearest
centimeter.
(999) Unknown
6 8 inches X 2.54 = 1 7 3 centimeters

8. Occupant's Weight φ 5 2
Code actual weight to the nearest
kilogram.
(999) Unknown
1 1 5 pounds X .4536 = φ 5 2 kilograms

9. Occupant's Role 2
(1) Driver
(2) Passenger
(9) Unknown

10. Occupant's Seat Position 1 3
Front Seat
(11) Left side
(12) Middle
(13) Right side
(14) Other (specify): _____
(15) On or in the lap of another occupant

- Second Seat*
(21) Left side
(22) Middle
(23) Right side
(24) Other (specify): _____
(25) On or in the lap of another occupant

- Third Seat*
(31) Left side
(32) Middle
(33) Right side
(34) Other (specify): _____
(35) On or in the lap of another occupant

- Fourth Seat*
(41) Left side
(42) Middle
(43) Right side
(44) Other (specify): _____
(45) On or in the lap of another occupant
(97) In or on unenclosed area
(98) Other seat (specify): _____
(99) Unknown

11. Occupant's Posture φ
(0) Normal posture
Abnormal posture
(1) Kneeling or standing on seat
(2) Lying on or across seat
(3) Kneeling, standing or sitting in front of seat
(4) Sitting sideways or turned to talk with another occupant or to look out a rear window
(5) Sitting on a console
(6) Lying back in a reclined seat position
(7) Bracing with feet or hands on a surface in front of seat
(8) Other abnormal posture (specify): _____
(9) Unknown

EJECTION/ENTRAPMENT

12. Ejection φ

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area φ

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

14. Ejection Medium φ

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____
- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

15. Medium Status (Immediately Prior To Impact) φ

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment φ

- (NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)
- (0) Not entrapped
 - (1) Entrapped
 - (9) Unknown

RESTRAINT SYSTEM EVALUATION

17. Manual (Active) Belt System Availability 4

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): _____

(9) Unknown

18. Manual (Active) Belt System Use φ φ

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): _____

(02) Shoulder belt

(03) Lap belt

(04) Lap and shoulder belt

(05) Belt used—type unknown

(08) Other belt used (specify): _____

(12) Shoulder belt used with child safety seat

(13) Lap belt used with child safety seat

(14) Lap and shoulder belt used with child safety seat

(15) Belt used with child safety seat—type unknown

(18) Other belt used with child safety seat (specify): _____

(99) Unknown if belt used

19. Proper Use of Manual (Active) Belts φ

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of manual belt system (specify): _____

(9) Unknown

20. Manual (Active) Belt Failure Modes During Accident φ

- (0) No manual belt used
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

(6) Broken retractor

(7) Combination of above (specify): _____

(8) Other manual belt failure (specify): _____

(9) Unknown

21. Air Bag System Availability/Function φ

- (0) Not equipped/not available
- (1) Air bag

Non-functional

(2) Air bag disconnected (specify): _____

(3) Air bag not reinstalled

(9) Unknown

22. Air Bag System Deployment φ

- (0) Not equipped/not available
- (1) Air bag deployed during accident (as a result of impact)
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (9) Unknown

23. Are There Indications of Air Bag System Failure? φ

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): _____

(9) Unknown

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

24. Police Reported Restraint Use φ

- (0) None used
- (1) Police did not indicate restraint use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Other or automatic restraint (specify): _____

(8) Restrained, type unknown

(9) Police indicated "unknown"

HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage by Occupant at This Occupant Position 1

- (0) No head restraints
- (1) Integral—no damage
- (2) Integral—damaged during accident
- (3) Adjustable—no damage
- (4) Adjustable—damaged during accident
- (5) Add-on—no damage
- (6) Add-on—damaged during accident
- (8) Other (specify): _____
- (9) Unknown

26. Seat Type (this Occupant Position) Ø 2

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify): _____
- (10) Box mounted seat (i.e., van type)
- (99) Unknown

27. Seat Performance (this Occupant Position) 5

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed (specify): _____
- (4) Seat track/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): _____
- (7) Combination of above (specify): _____
- (8) Other (specify): _____
- (9) Unknown

CHILD SAFETY SEAT

28. Child Safety Seat Make/Model ϕ ϕ ϕ

(000) No child safety seat

Applicable codes are found in your NASS CDS

Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

29. Type of Child Safety Seat ϕ

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

30. Child Safety Seat Orientation ϕ ϕ

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation*Designed For Forward Facing for This Age/Weight*

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation*Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage ϕ ϕ 32. Child Safety Seat Shield Usage ϕ ϕ 33. Child Safety Seat Tether Usage ϕ ϕ Note: Options below applicable to
Variables OA31-OA33.

(00) No child safety seat

Not Designed With Harness/Shield/Tether(01) After market harness/shield/tether
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market
harness/shield/tether added(09) Unknown if harness/shield/tether
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES34. Injury Severity (Police Rating) 3

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

35. Treatment - Mortality 3

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (8) Treatment - other (specify):

- (9) Unknown

36. Type Of Medical Facility (for Initial Treatment) 1

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

- (9) Unknown

37. Hospital Stay φ 7

- (00) Not Hospitalized
- _____ Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

99. Case Occupant φ

- (0) Not Case Occupant
- (1) This is the Case Occupant
- (2) This is the Case Occupant in another case

38. Working Days Lost 9 9

- _____ Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

STOP - GO TO VARIABLE 44 ON PAGE 7**VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER**39. Time to Death φ φ

- _____ Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)
- (00) Not fatal
- (96) Fatal - ruled disease
- (99) Unknown

40. 1st Medically Reported Cause of Death φ φ41. 2nd Medically Reported Cause of Death φ φ42. 3rd Medically Reported Cause of Death φ φ

- _____ Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
- (00) Not fatal or no additional causes
- (96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

43. Number of Recorded Injuries for This Occupant φ 6

- _____ Code the actual number of injuries recorded for this occupant.
- (00) No recorded injuries
- (97) Injured, details unknown
- (99) Unknown if injured

AUTOMATIC BELT SYSTEM**44. Automatic (Passive) Belt System Availability/Function** φ

- (0) Not equipped/not available
 (1) 2 point automatic belts
 (2) 3 point automatic belts
 (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
 (9) Unknown

45. Automatic (Passive) Belt System Use φ

- (0) Not equipped/not available/destroyed or rendered inoperative
 (1) Automatic belt in use
 (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): _____

- (3) Automatic belt use unknown
 (9) Unknown

46. Automatic (Passive) Belt System Type φ

- (0) Not equipped/not available
 (1) Non-motorized system
 (2) Motorized system
 (9) Unknown

47. Proper Use of Automatic (Passive) Belt System φ

- (0) Not equipped/not available/not used
 (1) Automatic belt used properly
 (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
 (4) Automatic shoulder belt worn behind back
 (5) Automatic belt worn around more than one person
 (6) Lap portion of automatic belt worn on abdomen
 (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____

- (8) Other improper use of automatic belt system (specify): _____
 (9) Unknown

48. Automatic (Passive) Belt Failure Modes During Accident φ

- (0) Not equipped/not available/not in use
 (1) No automatic belt failure(s)
 (2) Torn webbing (stretched webbing not included)
 (3) Broken buckle or latchplate
 (4) Upper anchorage separated
 (5) Other anchorage separated (specify): _____

- (6) Broken retractor
 (7) Combination of above (specify): _____
 (8) Other automatic belt failure (specify): _____
 (9) Unknown

49. Seat Orientation (this Occupant Position) 1

- (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify): _____

- (9) Unknown

Check the Primary Source Used In Determining Belt Use.

- [] Not equipped/not available/destroyed or rendered inoperative
 [X] Vehicle inspection
 [] Official injury data
 [] Driver/occupant interview
 [] Other (specify): _____

- [] Unknown if belt used

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION?

NO [X] YES []

UPDATE CANDIDATE?

NO [X] YES []

STOP - VARIABLES 50 THROUGH 53 ARE COMPLETED BY THE ZONE CENTER**TRAUMA DATA**

50. Glasgow Coma Scale (GCS) Score 1 4
(at Medical Facility)
(00) Not injured
(01) Injured - not treated at medical facility
(02) No GCS Score at medical facility
(03-15) Code the actual value of the initial GCS Score recorded at medical facility.
(97) Injured, details unknown
(99) Unknown if injured
51. Was the Occupant Given Blood? 9
(1) No - blood not given
(2) Yes - blood given
(specify units): _____
(9) Unknown if blood given
52. Arterial Blood Gases (ABG) - HCO_3 ϕ 1
(00) Not injured
(01) Injured, ABGs not measured or reported
(02-50) Code the actual value of the HCO_3
(96) ABGs reported, HCO_3 unknown
(97) Injured, details unknown
(99) Unknown if injured

BELT USE DETERMINATION

53. Primary Source of Belt Use Determination 1
(0) Not equipped/not available/destroyed or rendered inoperative
(1) Vehicle inspection
(2) Official injury data
(3) Driver/occupant interview
(8) Other (specify): _____
(9) Unknown if belt used

National Highway Traffic Safety
Administration

OCCUPANT INJURY FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number _____

3. Vehicle Number 012. Case Number - Stratum DSI-94-AB-0034. Occupant Number 02

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

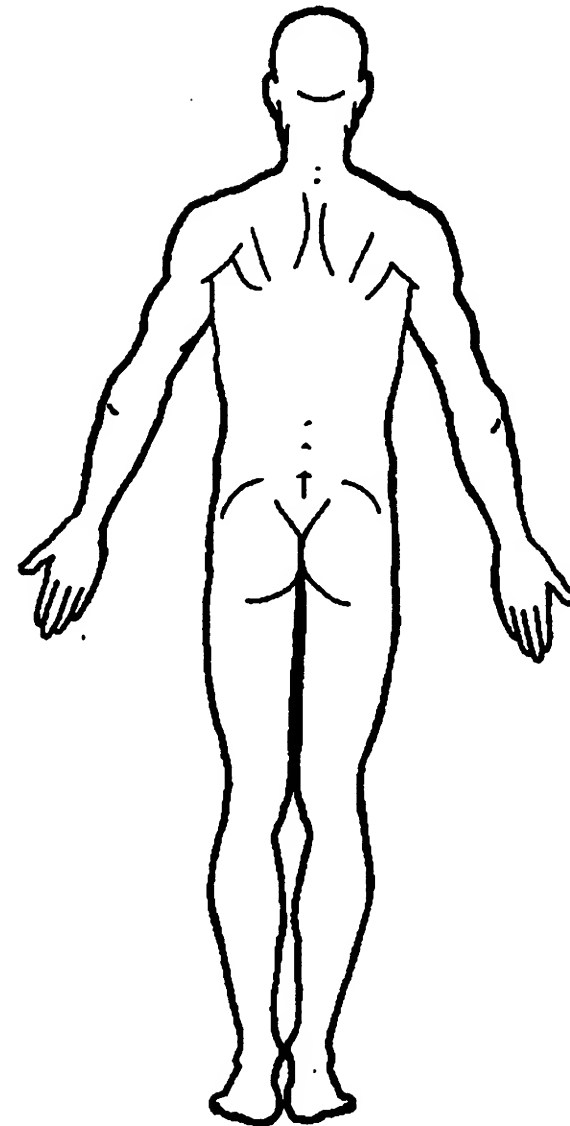
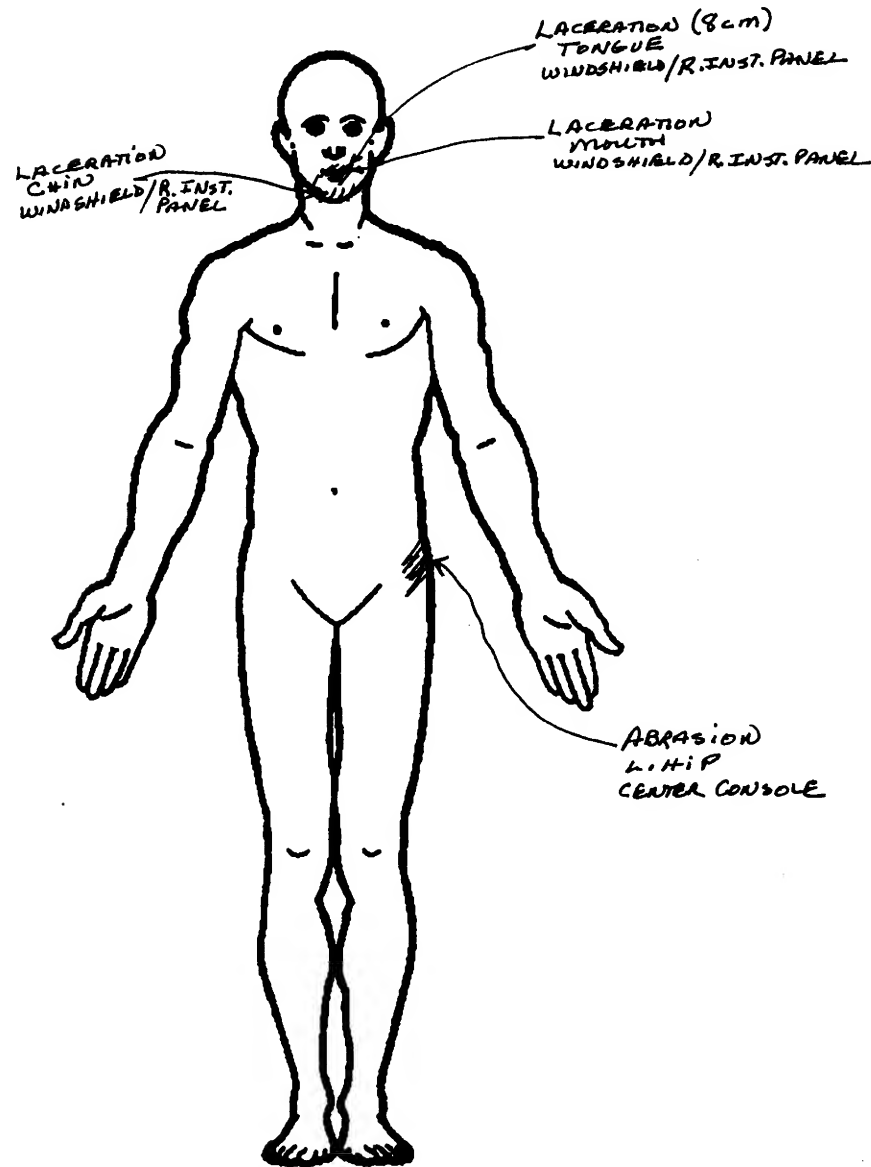
	Source of Injury Data	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number	ICD-
1st	5. <u>2</u>	6. <u>1</u>	7. <u>6</u>	8. <u>06</u>	9. <u>14</u>	10. <u>3</u>	11. <u>0</u>	12. <u>15</u>	13. <u>1</u>	14. <u>1</u>	15. <u>00</u>	<u>854.</u>
2nd	16. <u>2</u>	17. <u>2</u>	18. <u>4</u>	19. <u>34</u>	20. <u>04</u>	21. <u>2</u>	22. <u>B</u>	23. <u>15</u>	24. <u>1</u>	25. <u>1</u>	26. <u>00</u>	<u>873.6</u>
3rd	27. <u>2</u>	28. <u>5</u>	29. <u>4</u>	30. <u>42</u>	31. <u>22</u>	32. <u>2</u>	33. <u>2</u>	34. <u>11</u>	35. <u>1</u>	36. <u>1</u>	37. <u>00</u>	<u>865.8</u>
4th	38. <u>2</u>	39. <u>2</u>	40. <u>4</u>	41. <u>30</u>	42. <u>99</u>	43. <u>1</u>	44. <u>B</u>	45. <u>15</u>	46. <u>1</u>	47. <u>1</u>	48. <u>00</u>	<u>873.6</u>
5th	49. <u>2</u>	50. <u>2</u>	51. <u>9</u>	52. <u>06</u>	53. <u>02</u>	54. <u>1</u>	55. <u>B</u>	56. <u>15</u>	57. <u>1</u>	58. <u>1</u>	59. <u>00</u>	<u>873.4</u>
6th	60. <u>2</u>	61. <u>B</u>	62. <u>9</u>	63. <u>02</u>	64. <u>02</u>	65. <u>1</u>	66. <u>2</u>	67. <u>57</u>	68. <u>1</u>	69. <u>1</u>	70. <u>00</u>	<u>916.8</u>
7th	71. ____	72. ____	73. ____	74. ____	75. ____	76. ____	77. ____	78. ____	79. ____	80. ____	81. ____	
8th	82. ____	83. ____	84. ____	85. ____	86. ____	87. ____	88. ____	89. ____	90. ____	91. ____	92. ____	
9th	93. ____	94. ____	95. ____	96. ____	97. ____	98. ____	99. ____	100. ____	101. ____	102. ____	103. ____	
10th	104. ____	105. ____	106. ____	107. ____	108. ____	109. ____	110. ____	111. ____	112. ____	113. ____	114. ____	

OCCUPANT INJURY DATA

	Source of Injury Data	Body Region	Type of Anatomic Structure	A.I.S. - 90			Aspect	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number	ICD-
				Specific Anatomic Structure	Level of Injury	A.I.S. Severity						
11th	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —	
12th	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —	
13th	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —	
14th	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —	
15th	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —	
16th	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —	
17th	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —	
18th	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —	
19th	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —	
20th	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —	
21st	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —	
22nd	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —	
23rd	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —	
24th	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —	
25th	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —	

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



SOURCE OF INJURY DATA

OFFICIAL

- (1) Autopsy records with or without hospital/medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): _____
- (9) Police

INJURY SOURCE

FRONT

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (16) Driver side air bag compartment cover
- (17) Passenger side air bag compartment cover
- (18) Windshield reinforced by exterior object (specify): _____
- (19) Other front object (specify): _____

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A (A1/A2)-pillar
- (23) Left B-pillar
- (24) Other left pillar (specify): _____

- (25) Left side window glass or frame
- (26) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (27) Other left side object (specify): _____

- (28) Left side window sill

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A (A1/A2)-pillar
- (33) Right B-pillar
- (34) Other right pillar (specify): _____

- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (37) Other right side object (specify): _____

- (38) Right side window sill

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar or door frame attachment point
- (43) Other restraint system component (specify): _____
- (44) Head restraint system
- (45) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers)
- (46) Other occupants (specify): _____
- (47) Interior loose objects
- (48) Child safety seat (specify): _____
- (49) Other interior object (specify): _____

ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

FLOOR

- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

REAR

- (60) Backlight (rear window)

- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify): _____

EXTERIOR of OCCUPANT'S VEHICLE

- (65) Hood
- (66) Outside hardware (e.g., outside mirror, antenna)
- (67) Other exterior surface or tires (specify): _____
- (68) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (70) Front bumper
- (71) Hood edge
- (72) Other front of vehicle (specify): _____

- (73) Hood
- (74) Hood ornament
- (75) Windshield, roof rail, A-pillar
- (76) Side surface
- (77) Side mirrors
- (78) Other side protrusions (specify): _____

- (79) Rear surface
- (80) Undercarriage
- (81) Tires and wheels
- (82) Other exterior of other motor vehicle (specify): _____
- (83) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (84) Ground
- (85) Other vehicle or object (specify): _____
- (86) Unknown vehicle or object

NONCONTACT INJURY

- (90) Fire in vehicle
- (91) Flying glass
- (92) Other noncontact injury source (specify): _____
- (93) Air bag exhaust gases
- (97) Injured, unknown source

INJURY SOURCE CONFIDENCE LEVEL

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

DIRECT/INDIRECT INJURY

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

OCCUPANT INJURY CLASSIFICATION

Body Region

- (1) Head
- (2) Face
- (3) Neck
- (4) Thorax
- (5) Abdomen
- (6) Spine
- (7) Upper Extremity
- (8) Lower Extremity
- (9) Unspecified

Type of Anatomic Structure

- (1) Whole Area
- (2) Vessels
- (3) Nerves
- (4) Organs (includes muscles/ligaments)
- (5) Skeletal (includes joints)
- (6) Head - LOC
- (9) Skin

Specific Anatomic Structure

Whole Area

- (02) Skin - Abrasion
- (04) Skin - Contusion
- (06) Skin - Laceration
- (08) Skin - Avulsion
- (10) Amputation
- (20) Burn
- (30) Crush
- (40) Degloving
- (50) Injury - NFS
- (90) Trauma, other than mechanical

Head - LOC

- (02) Length of LOC
- (04, 06, 08) Level of Consciousness
- (10) Concussion

Spine

- (02) Cervical
- (04) Thoracic
- (06) Lumbar

Vessels, Nerves, Organs, Bones,
Joints are assigned consecutive two digit numbers beginning with 02

Level of Injury

Specific injuries are assigned consecutive two-digit numbers beginning with 02.

To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.

Abbreviated Injury Scale

- (1) Minor injury
- (2) Moderate injury
- (3) Serious injury
- (4) Severe injury
- (5) Critical injury
- (6) Maximum (untreatable)
- (7) Injured, unknown severity

Aspect

- (1) Right
- (2) Left
- (3) Bilateral
- (4) Central
- (5) Anterior
- (6) Posterior
- (7) Superior
- (8) Inferior
- (9) Unknown
- (0) Whole region

OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

☒ No

☐ Yes

Blood Alcohol Level
(mg/dl)

BAL = 0.06

Glasgow Coma
Scale Score

GCSS = 14

Units of Blood
Given

Units = UNK

Arterial Blood Gases

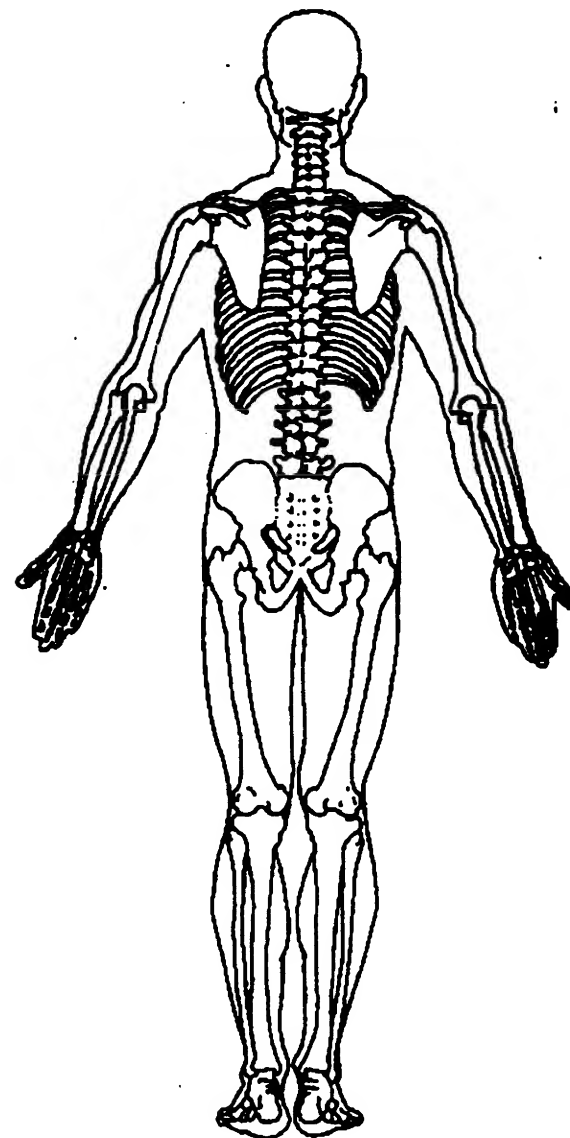
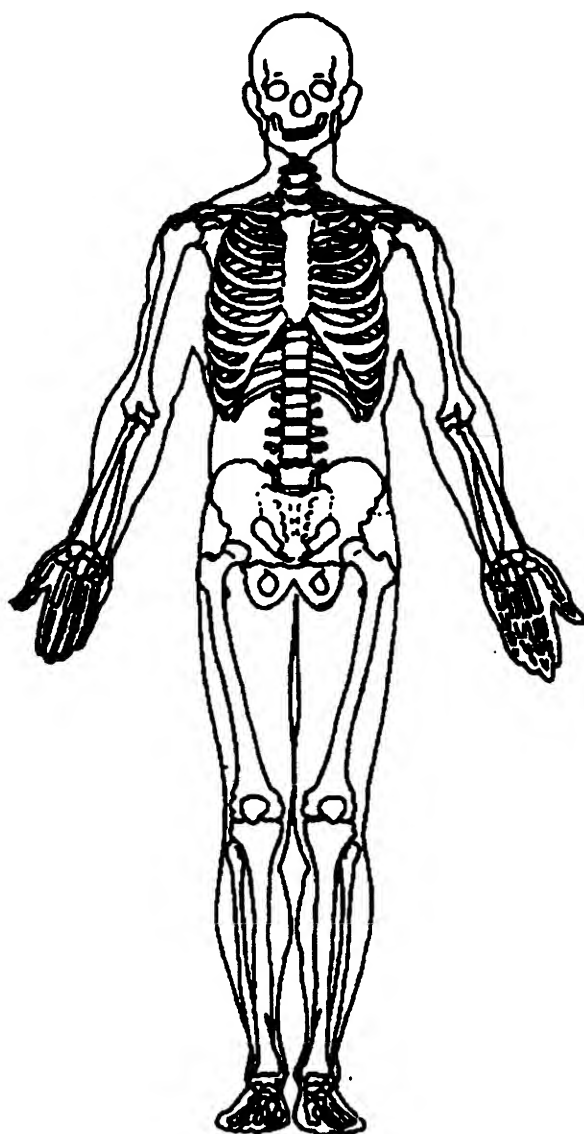
pH = 7.38

PO₂ = 100

PCO₂ = 40

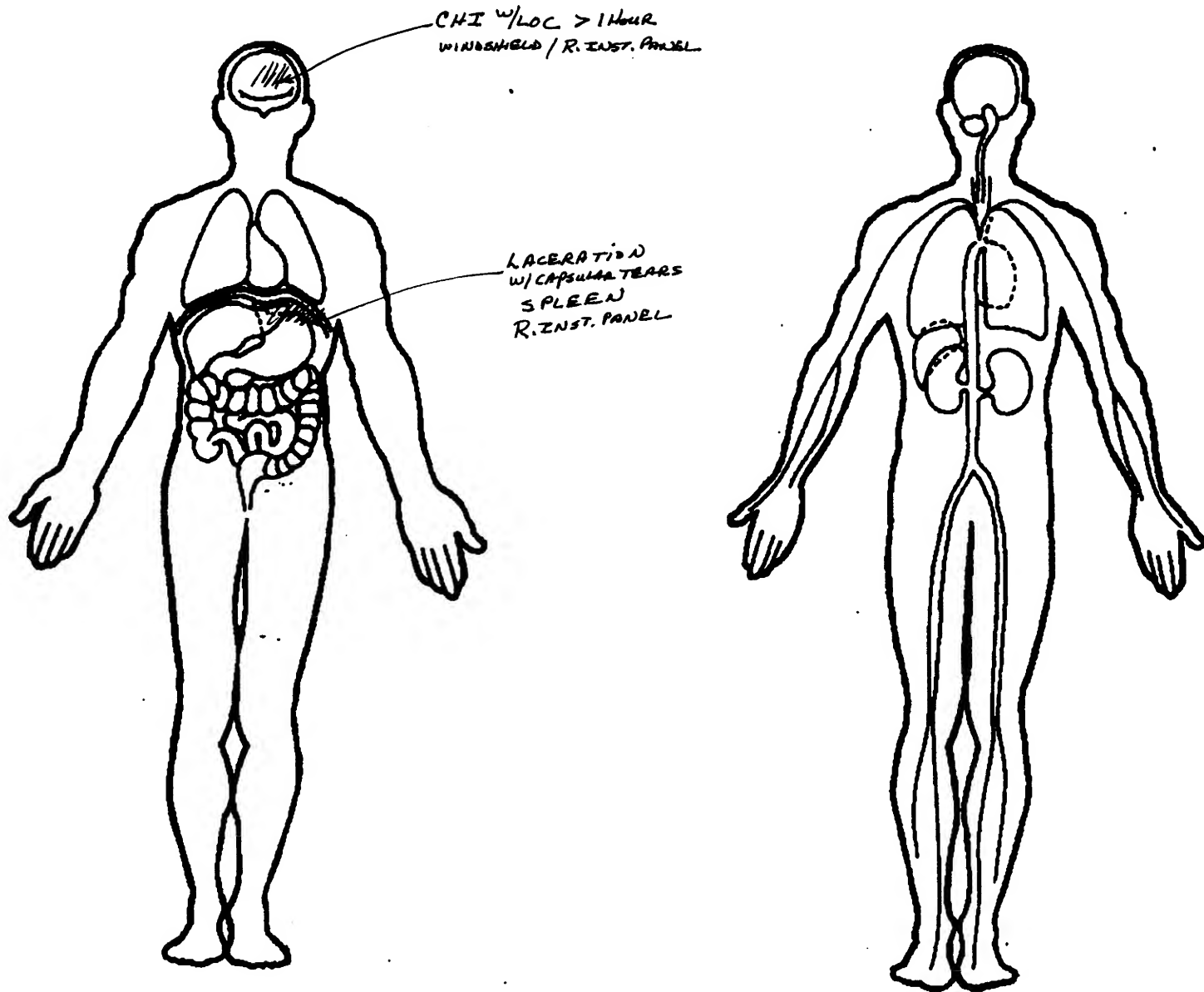
HCO₃ = 24

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



OFFICIAL INJURY DATA — INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



National Highway Traffic Safety
Administration

OCCUPANT ASSESSMENT FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

OCCUPANT'S SEATING

1. Primary Sampling Unit Number _____
2. Case Number - Stratum DSL-94-AB-φφ3
3. Vehicle Number φ 1
4. Occupant Number φ 3

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 2 φ
Code actual age at time of accident.
(00) Less than one year old (specify by month): _____
(97) 97 years and older
(99) Unknown
6. Occupant's Sex 1
(1) Male
(2) Female
(9) Unknown
7. Occupant's Height 1 8 3
Code actual height to the nearest
centimeter.
(999) Unknown
1 2 inches X 2.54 = 1 8 3 centimeters
8. Occupant's Weight φ 7 2
Code actual weight to the nearest
kilogram.
(999) Unknown
1 5 9 pounds X .4536 = φ 7 2 kilograms
9. Occupant's Role 2
(1) Driver
(2) Passenger
(9) Unknown

10. Occupant's Seat Position 2 4
Front Seat
(11) Left side
(12) Middle
(13) Right side
(14) Other (specify): _____
(15) On or in the lap of another occupant
- Second Seat*
(21) Left side
(22) Middle
(23) Right side
(24) Other (specify): LAYING ON SEAT - Head to R/side
(25) On or in the lap of another occupant
- Third Seat*
(31) Left side
(32) Middle
(33) Right side
(34) Other (specify): _____
(35) On or in the lap of another occupant
- Fourth Seat*
(41) Left side
(42) Middle
(43) Right side
(44) Other (specify): _____
(45) On or in the lap of another occupant
- (97) In or on unenclosed area
(98) Other seat (specify): _____
(99) Unknown
11. Occupant's Posture 2
(0) Normal posture
- Abnormal posture*
(1) Kneeling or standing on seat
(2) Lying on or across seat
(3) Kneeling, standing or sitting in front of seat
(4) Sitting sideways or turned to talk with another occupant or to look out a rear window
(5) Sitting on a console
(6) Lying back in a reclined seat position
(7) Bracing with feet or hands on a surface in front of seat
(8) Other abnormal posture (specify): _____
(9) Unknown

EJECTION/ENTRAPMENT

12. Ejection φ

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area φ

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

14. Ejection Medium φ

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____
- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

15. Medium Status (Immediately Prior To Impact) φ

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment φ

(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)

- (0) Not entrapped
- (1) Entrapped
- (9) Unknown

RESTRAINT SYSTEM EVALUATION

17. Manual (Active) Belt System Availability 4

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): _____

(9) Unknown _____

18. Manual (Active) Belt System Use φ φ

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): _____

(02) Shoulder belt _____

(03) Lap belt _____

(04) Lap and shoulder belt _____

(05) Belt used—type unknown _____

(08) Other belt used (specify): _____

(12) Shoulder belt used with child safety seat _____

(13) Lap belt used with child safety seat _____

(14) Lap and shoulder belt used with child safety seat _____

(15) Belt used with child safety seat—type unknown _____

(18) Other belt used with child safety seat (specify): _____

(99) Unknown if belt used _____

19. Proper Use of Manual (Active) Belts φ

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of manual belt system (specify): _____

(9) Unknown _____

20. Manual (Active) Belt Failure Modes During Accident φ

- (0) No manual belt used
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

(6) Broken retractor _____

(7) Combination of above (specify): _____

(8) Other manual belt failure (specify): _____

(9) Unknown _____

21. Air Bag System Availability/Function φ

- (0) Not equipped/not available
- (1) Air bag

Non-functional

(2) Air bag disconnected (specify): _____

(3) Air bag not reinstalled _____

(9) Unknown _____

22. Air Bag System Deployment φ

- (0) Not equipped/not available
- (1) Air bag deployed during accident (as a result of impact)
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (9) Unknown

23. Are There Indications of Air Bag System Failure? φ

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): _____

(9) Unknown _____

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

24. Police Reported Restraint Use φ

- (0) None used
- (1) Police did not indicate restraint use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Other or automatic restraint (specify): _____

(8) Restrained, type unknown _____

(9) Police indicated "unknown" _____

HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage by Occupant at This Occupant Position φ

- (0) No head restraints
- (1) Integral—no damage
- (2) Integral—damaged during accident
- (3) Adjustable—no damage
- (4) Adjustable—damaged during accident
- (5) Add-on—no damage
- (6) Add-on—damaged during accident
- (8) Other (specify): _____
- (9) Unknown

26. Seat Type (this Occupant Position) φ 5

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify): _____
- (10) Box mounted seat (i.e., van type)
- (99) Unknown

27. Seat Performance (this Occupant Position) 1

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed (specify): _____
- (4) Seat track/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): _____
- (7) Combination of above (specify): _____
- (8) Other (specify): _____
- (9) Unknown

CHILD SAFETY SEAT

28. Child Safety Seat Make/Model φ φ φ

(000) No child safety seat

Applicable codes are found in your NASS CDS
Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

29. Type of Child Safety Seat φ

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

30. Child Safety Seat Orientation φ φ

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

*Unknown Design or Orientation For This
Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage φ φ32. Child Safety Seat Shield Usage φ φ33. Child Safety Seat Tether Usage φ φNote: Options below applicable to
Variables OA31-OA33.

(00) No child safety seat

Not Designed With Harness/Shield/Tether(01) After market harness/shield/tether
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market
harness/shield/tether added(09) Unknown if harness/shield/tether
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES34. Injury Severity (Police Rating) 3

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

35. Treatment - Mortality 1

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (8) Treatment - other (specify):

- (9) Unknown

36. Type Of Medical Facility (for Initial Treatment) 1

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

- (9) Unknown

37. Hospital Stay φ 1

- (00) Not Hospitalized
- _____ Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

99. Case Occupant φ

- (0) Not Case Occupant
- (1) This is the Case Occupant
- (2) This is the Case Occupant in another case

38. Working Days Lost 9 9

- _____ Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

STOP - GO TO VARIABLE 44 ON PAGE 7**VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER**39. Time to Death φ φ

- _____ Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)
- (00) Not fatal
- (96) Fatal - ruled disease
- (99) Unknown

40. 1st Medically Reported Cause of Death φ φ41. 2nd Medically Reported Cause of Death φ φ42. 3rd Medically Reported Cause of Death φ φ

- _____ Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
- (00) Not fatal or no additional causes
- (96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

43. Number of Recorded Injuries for This Occupant φ 3

- _____ Code the actual number of injuries recorded for this occupant.
- (00) No recorded injuries
- (97) Injured, details unknown
- (99) Unknown if injured

AUTOMATIC BELT SYSTEM**44. Automatic (Passive) Belt System Availability/Function** cb

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

45. Automatic (Passive) Belt System Use φ

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): _____
- (3) Automatic belt use unknown
- (9) Unknown

46. Automatic (Passive) Belt System Type φ

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

47. Proper Use of Automatic (Passive) Belt System φ

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____

- (8) Other improper use of automatic belt system (specify): _____
- (9) Unknown

48. Automatic (Passive) Belt Failure Modes During Accident φ

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____
- (6) Broken retractor
- (7) Combination of above (specify): _____
- (8) Other automatic belt failure (specify): _____
- (9) Unknown

49. Seat Orientation (this Occupant Position) 1

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify): _____
- (9) Unknown

Check the Primary Source Used In Determining Belt Use.

- [] Not equipped/not available/destroyed or rendered inoperative
- [X] Vehicle inspection
- [] Official injury data
- [] Driver/occupant interview
- [] Other (specify): _____

[] Unknown if belt used

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION?

NO [X] YES []

UPDATE CANDIDATE?

NO [X] YES []

**STOP - VARIABLES 50 THROUGH 53 ARE
COMPLETED BY THE ZONE CENTER****TRAUMA DATA**

50. Glasgow Coma Scale (GCS) Score 15
(at Medical Facility)
(00) Not injured
(01) Injured - not treated at medical facility
(02) No GCS Score at medical facility
(03-15) Code the actual value of the
initial GCS Score recorded at medical
facility.
(97) Injured, details unknown
(99) Unknown if injured
51. Was the Occupant Given Blood? 1
(1) No - blood not given
(2) Yes - blood given
(specify units): _____
(9) Unknown if blood given
52. Arterial Blood Gases (ABG) - HCO_3 ϕ 1
(00) Not injured
(01) Injured, ABGs not measured or reported
(02-50) Code the actual value of the HCO_3
(96) ABGs reported, HCO_3 unknown
(97) Injured, details unknown
(99) Unknown if injured

BELT USE DETERMINATION

53. Primary Source of Belt Use Determination 1
(0) Not equipped/not available/destroyed
or rendered inoperative
(1) Vehicle inspection
(2) Official injury data
(3) Driver/occupant interview
(8) Other (specify): _____
(9) Unknown if belt used

National Highway Traffic Safety
Administration

OCCUPANT INJURY FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number _____

3. Vehicle Number φ 12. Case Number - Stratum DSI-94-43-φφ34. Occupant Number φ 3

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

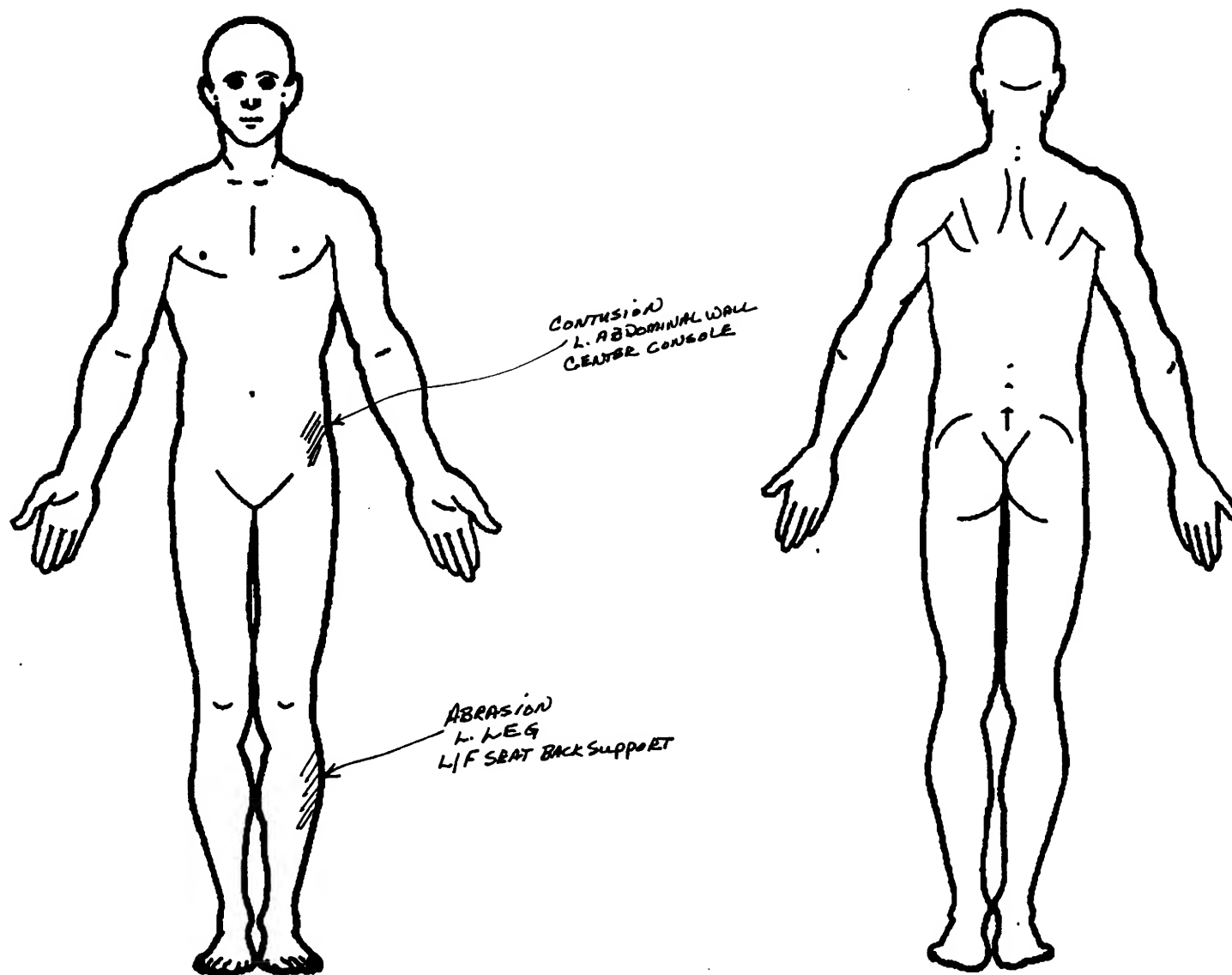
	Source of Injury Data	Body Region	Type of Anatomic Structure	A.I.S. - 90 Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number	ICD-
1st	5. <u>2</u>	6. <u>1</u>	7. <u>6</u>	8. <u>φ 4</u>	9. <u>φ 2</u>	10. <u>1</u>	11. <u>φ</u>	12. <u>4 φ</u>	13. <u>1</u>	14. <u>1</u>	15. <u>φ φ</u>	<u>85φ</u>
2nd	16. <u>2</u>	17. <u>5</u>	18. <u>9</u>	19. <u>φ 4</u>	20. <u>φ 2</u>	21. <u>1</u>	22. <u>2</u>	23. <u>5 7</u>	24. <u>1</u>	25. <u>1</u>	26. <u>φ φ</u>	<u>922.φ</u>
3rd	27. <u>2</u>	28. <u>8</u>	29. <u>9</u>	30. <u>φ 2</u>	31. <u>φ 2</u>	32. <u>1</u>	33. <u>2</u>	34. <u>4 φ</u>	35. <u>1</u>	36. <u>1</u>	37. <u>φ φ</u>	<u>916.φ</u>
4th	38. ____	39. ____	40. ____	41. ____	42. ____	43. ____	44. ____	45. ____	46. ____	47. ____	48. ____	
5th	49. ____	50. ____	51. ____	52. ____	53. ____	54. ____	55. ____	56. ____	57. ____	58. ____	59. ____	
6th	60. ____	61. ____	62. ____	63. ____	64. ____	65. ____	66. ____	67. ____	68. ____	69. ____	70. ____	
7th	71. ____	72. ____	73. ____	74. ____	75. ____	76. ____	77. ____	78. ____	79. ____	80. ____	81. ____	
8th	82. ____	83. ____	84. ____	85. ____	86. ____	87. ____	88. ____	89. ____	90. ____	91. ____	92. ____	
9th	93. ____	94. ____	95. ____	96. ____	97. ____	98. ____	99. ____	100. ____	101. ____	102. ____	103. ____	
10th	104. ____	105. ____	106. ____	107. ____	108. ____	109. ____	110. ____	111. ____	112. ____	113. ____	114. ____	

OCCUPANT INJURY DATA

	Source of Injury Data	Body Region	Type of Anatomic Structure	A.I.S. - 90			Aspect	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number	ICD-
				Specific Anatomic Structure	Level of Injury	A.I.S. Severity						
11th	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —	
12th	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —	
13th	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —	
14th	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —	
15th	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —	
16th	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —	
17th	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —	
18th	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —	
19th	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —	
20th	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —	
21st	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —	
22nd	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —	
23rd	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —	
24th	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —	
25th	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —	

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



SOURCE OF INJURY DATA

OFFICIAL

- (1) Autopsy records with or without hospital/medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): _____
- (9) Police

INJURY SOURCE

FRONT

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (16) Driver side air bag compartment cover
- (17) Passenger side air bag compartment cover
- (18) Windshield reinforced by exterior object (specify): _____
- (19) Other front object (specify): _____

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A (A1/A2)-pillar
- (23) Left B-pillar
- (24) Other left pillar (specify): _____

- (25) Left side window glass or frame
- (26) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (27) Other left side object (specify): _____

- (28) Left side window sill

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A (A1/A2)-pillar
- (33) Right B-pillar
- (34) Other right pillar (specify): _____

- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (37) Other right side object (specify): _____

- (38) Right side window sill

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar or door frame attachment point
- (43) Other restraint system component (specify): _____
- (44) Head restraint system
- (45) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers)
- (46) Other occupants (specify): _____
- (47) Interior loose objects
- (48) Child safety seat (specify): _____
- (49) Other interior object (specify): _____

ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

FLOOR

- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

REAR

- (60) Backlight (rear window)

- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify): _____

EXTERIOR of OCCUPANT'S VEHICLE

- (65) Hood
- (66) Outside hardware (e.g., outside mirror, antenna)
- (67) Other exterior surface or tires (specify): _____
- (68) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (70) Front bumper
- (71) Hood edge
- (72) Other front of vehicle (specify): _____

- (73) Hood
- (74) Hood ornament
- (75) Windshield, roof rail, A-pillar
- (76) Side surface
- (77) Side mirrors
- (78) Other side protrusions (specify): _____

- (79) Rear surface
- (80) Undercarriage
- (81) Tires and wheels
- (82) Other exterior of other motor vehicle (specify): _____

- (83) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (84) Ground
- (85) Other vehicle or object (specify): _____
- (86) Unknown vehicle or object

NONCONTACT INJURY

- (90) Fire in vehicle
- (91) Flying glass
- (92) Other noncontact injury source (specify): _____
- (93) Air bag exhaust gases
- (97) Injured, unknown source

INJURY SOURCE CONFIDENCE LEVEL

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

DIRECT/INDIRECT INJURY

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

OCCUPANT INJURY CLASSIFICATION

Body Region

- (1) Head
- (2) Face
- (3) Neck
- (4) Thorax
- (5) Abdomen
- (6) Spine
- (7) Upper Extremity
- (8) Lower Extremity
- (9) Unspecified

Type of Anatomic Structure

- (1) Whole Area
- (2) Vessels
- (3) Nerves
- (4) Organs (includes muscles/ligaments)
- (5) Skeletal (includes joints)
- (6) Head - LOC
- (9) Skin

Specific Anatomic Structure

Whole Area

- (02) Skin - Abrasion
- (04) Skin - Contusion
- (06) Skin - Laceration
- (08) Skin - Avulsion
- (10) Amputation
- (20) Burn
- (30) Crush
- (40) Degloving
- (50) Injury - NFS
- (90) Trauma, other than mechanical

Head - LOC

- (02) Length of LOC
- (04, 06, 08) Level of Consciousness
- (10) Concussion

Spine

- (02) Cervical
- (04) Thoracic
- (06) Lumbar

Vessels, Nerves, Organs, Bones, Joints are assigned consecutive two digit numbers beginning with 02

Level of Injury

Specific injuries are assigned consecutive two-digit numbers beginning with 02.

To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.

Abbreviated Injury Scale

- (1) Minor injury
- (2) Moderate injury
- (3) Serious injury
- (4) Severe injury
- (5) Critical injury
- (6) Maximum (untreatable)
- (7) Injured, unknown severity

Aspect

- (1) Right
- (2) Left
- (3) Bilateral
- (4) Central
- (5) Anterior
- (6) Posterior
- (7) Superior
- (8) Inferior
- (9) Unknown
- (0) Whole region

OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

☒ No

☐ Yes

Blood Alcohol Level
(mg/dl)

BAL = 99

Glasgow Coma
Scale Score

GCSS = 15

Units of Blood
Given

Units = UNK

Arterial Blood Gases

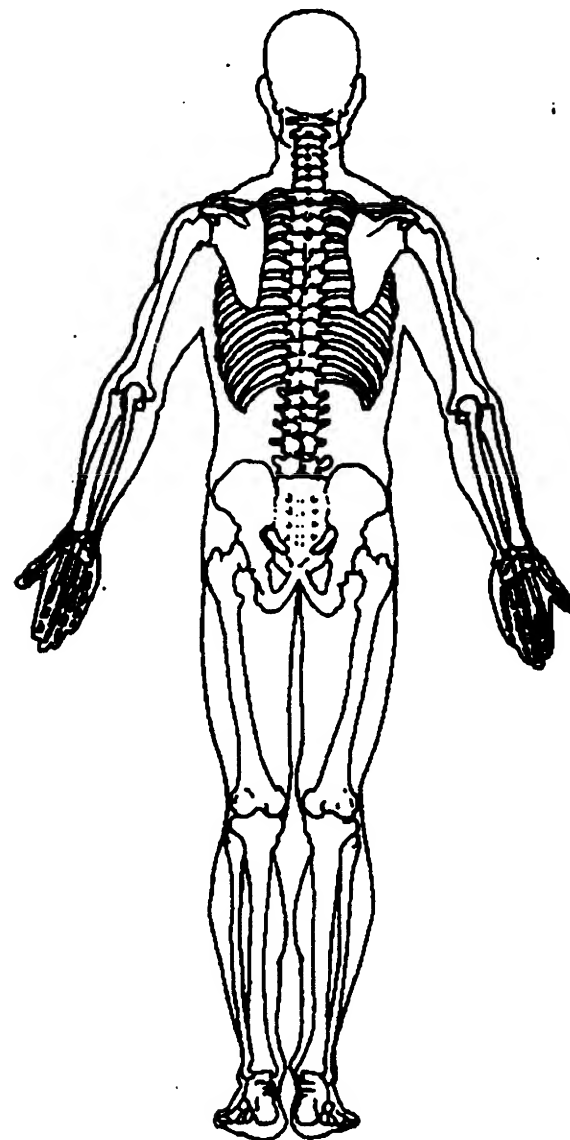
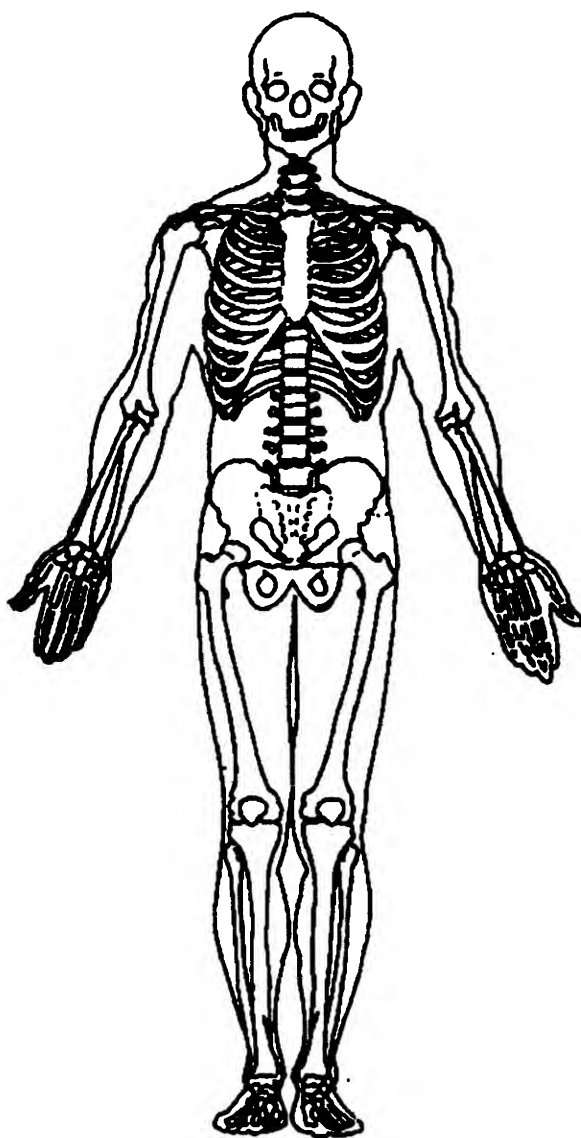
pH = —

PO₂ = —

PCO₂ = 0

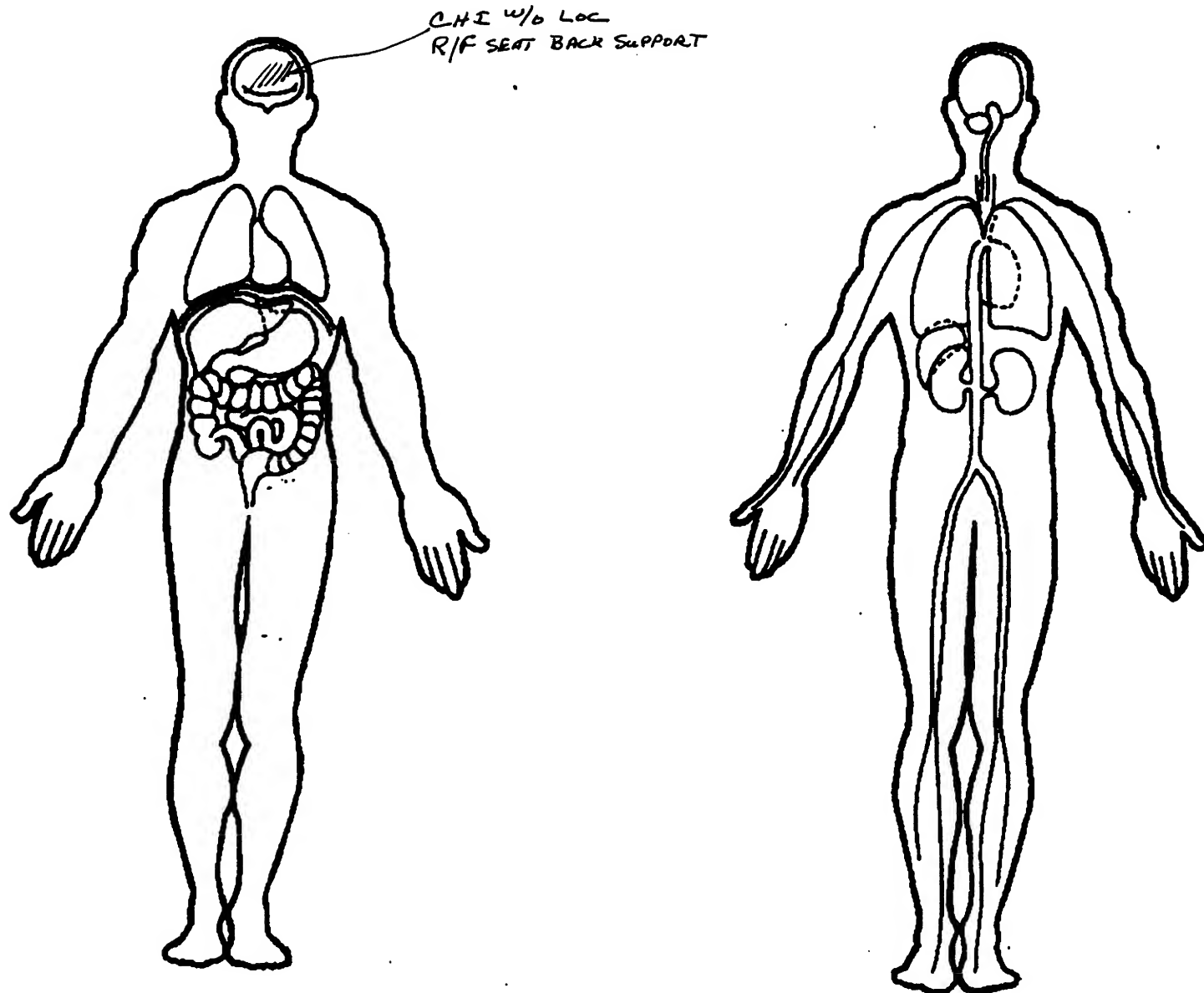
HCO₃ = —

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



OFFICIAL INJURY DATA — INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



**National Highway Traffic Safety
Administration**

GENERAL VEHICLE FORM

**NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM**

1. Primary Sampling Unit Number _____
2. Case Number - Stratum DSI-94-AB-003
3. Vehicle Number 02

VEHICLE IDENTIFICATION

4. Vehicle Model Year 9 4
Code the last two digits of the model year
(99) Unknown

5. Vehicle Make (specify): DODGE 07
Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(99) Unknown

6. Vehicle Model (specify): SHADOW ES 017
Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(999) Unknown

7. Body Type φ 3
Note: Applicable codes may be found on the back of this page.

8. Vehicle Identification Number

1 B 3 A P 6 4 3 φ R 1 ~~7~~ ~~7~~ ~~7~~ ~~7~~ ~~7~~ ~~7~~

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17

Left justify; Slash zeros and letter Z (0 and Z)
No VIN—Code all zeros
Unknown—Code all nines

OFFICIAL RECORDS

9. Police Reported Vehicle Disposition 1
 (0) Not towed due to vehicle damage
 (1) Towed due to vehicle damage
 (9) Unknown

10. Police Reported Travel Speed 9 9 9
Code to the nearest kph (NOTE: 000 means
less than 0.5 kph)
(160) 159.5 kph and above
(999) Unknown

mph X 1.6093 = kph

11. Police Reported Alcohol Presence	<u>0</u>
(0) No alcohol present	
(1) Yes (alcohol present)	
(7) Not reported	
(8) No driver present	
(9) Unknown	

**Note: See variables 37 through 55
(Page 4) for information on Other Drugs**

12. Alcohol Test Result For Driver 15
Code actual value (decimal implied
before first digit—0.xx)
(95) Test refused
(96) None given
(97) AC test performed, results unknown
(98) No driver present
(99) Unknown

Source: HOSPITAL RECORDS

ACCIDENT RELATED

13. Speed Limit 6 4
 (000) No statutory limit
 Code posted or statutory speed limit
 in kph
 (999) Unknown

$$\underline{4} \text{ } \cancel{0} \text{ mph} \times 1.6093 = \cancel{6} \text{ } \underline{6} \text{ } \underline{4} \text{ kph}$$

14. Attempted Avoidance Maneuver 0 / 1

- (01) No avoidance actions
- (02) Braking (no lockup)
- (03) Braking (lockup)
- (04) Braking (lockup unknown)
- (05) Releasing brakes
- (06) Steering left
- (07) Steering right
- (08) Braking and steering left
- (09) Braking and steering right
- (10) Accelerating
- (11) Accelerating and steering left
- (12) Accelerating and steering right
- (97) No driver present
- (98) Other action (specify):

(99) Unknown

15. Accident Type 5 1
 Applicable codes may be found on the
 back of page two of this field form
 (00) No impact
 Code the number of the diagram that
 best describes the accident circumstance
 (98) Other accident type (specify):
 (99) Unknown

***** SKIP TO VARIABLE GV37 IF GV07 DOES NOT EQUAL 01-49 *****

CODES FOR BODY TYPE

CDS APPLICABLE VEHICLES

Automobiles

- (01) Convertible (excludes sun-roof, t-bar)
- (02) 2-door sedan, hardtop, coupe
- (03) 3-door/2-door hatchback
- (04) 4-door sedan, hardtop
- (05) 5-door/4-door hatchback
- (06) Station wagon (excluding van and truck based)
- (07) Hatchback, number of doors unknown
- (08) Other automobile type (specify): _____
- (09) Unknown automobile type

Automobile Derivatives

- (10) Auto based pickup (includes El Camino, Caballero, Ranchero, Brat, and Rabbit pickup)
- (11) Auto based panel (cargo station wagon, auto based ambulance/hearse)
- (12) Large limousine - more than four side doors or stretched chassis
- (13) Three-wheel automobile or automobile derivative

Utility Vehicles ($\leq 4,500$ kgs GVWR)

- (14) Compact utility (Jeep CJ-2 - CJ-7, Scrambler, Golden Eagle, Renegade, Laredo, Wrangler, Cherokee [84 and after], Dispatcher, Raider, Bronco II, Bronco [76 and before], Explorer, S-10 Blazer, Geo Tracker, Bravada, S-15 Jimmy, Thing, Pathfinder, Trooper, Trooper II, Rodeo, Amigo, Navajo, 4-Runner, Montero, Samurai, Sidekick, Rocky)
- (15) Large utility (includes Jeep Cherokee [83 and before], Ramcharger, Trailduster, Bronco-fullsize [78 and after], fullsize Blazer, fullsize Jimmy, Landcruiser, Rover, Scout)
- (16) Utility station wagon (Chevy Suburban, GMC Suburban, Travelall, Grand Wagoneer, includes suburban limousine)
- (19) Utility, unknown body type

Van Based Light Trucks ($\leq 4,500$ kgs GVWR)

- (20) Minivan (Chrysler Town and Country, Caravan, Grand Caravan, Voyager, Grand Voyager, Mini-Ram, Dodge/Plymouth Vista, Aerostar, Villager, Lumina APV, Trans Sport, Silhouette, Astro, Safari, Toyota Van, Toyota Minivan, Previa, Nissan Minivan, Quest, Mitsubishi Minivan, Vanagon/Camper.)
- (21) Large van (B150-B350, Sportsman, Royal, Maxiwagon, Ram, Tradesman, Voyager [83 and before], E150-E350, Econoline, Clubwagon, Chateau, G10-G30, Chevy Van, Beauville, Sport Van, G15-G35, Rally Van, Vandura.)
- (22) Step van or walk-in van ($\leq 4,500$ kgs GVWR)
- (23) Van based motorhome ($\leq 4,500$ kgs GVWR)
- (24) Van based school bus ($\leq 4,500$ kgs GVWR)
- (25) Van based other bus ($\leq 4,500$ kgs GVWR)
- (28) Other van type (Hi-Cube Van, Kary) (specify): _____
- (29) Unknown van type

Light Conventional Trucks (Pickup style cab, $\leq 4,500$ kgs GVWR)

- (30) Compact pickup (D50, Colt P/U, Ram 50, Dakota, Arrow Pickup [foreign], Ranger, Courier, S-10, T-10, LUV, S-15, T-15, Sonoma, Datsun/Nissan Pickup, P'up, Mazda Pickup, Toyota Pickup, Mitsubishi Pickup)
- (31) Large Pickup (Jeep Pickup, Comanche, Ram Pickup, D100-D350, W100-W350, F100-F350, C10-C35, K10-K35, R10-R35, V10-V35, Silverado, Sierra, R100-R500.)

- (32) Pickup with slide-in camper
- (33) Convertible pickup
- (39) Unknown pickup style light conventional truck type

Other Light Trucks ($\leq 4,500$ kgs GVWR)

- (40) Cab chassis based (includes rescue vehicles, light stake, dump, and tow truck)
- (41) Truck based panel
- (42) Light truck based motorhome (chassis mounted)
- (45) Other light conventional truck type
- (48) Unknown light truck type
- (49) Unknown light vehicle type (automobile, utility, van, or light truck)

OTHER VEHICLES

Buses (Excludes Van Based)

- (50) School bus (designed to carry students, not cross country or transit)
- (58) Other bus type (e.g., transit, intercity, bus based motorhome) (specify): _____
- (59) Unknown bus type

Medium/Heavy Trucks ($> 4,500$ kgs GVWR)

- (60) Step van ($> 4,500$ kgs GVWR)
- (61) Single unit straight truck ($4,500$ kgs $<$ GVWR $\leq 8,850$ kgs)
- (62) Single unit straight truck ($8,850$ kgs $<$ GVWR $\leq 12,000$ kgs)
- (63) Single unit straight truck ($> 12,000$ kgs GVWR)
- (64) Single unit straight truck, GVWR unknown
- (65) Medium/heavy truck based motorhome
- (67) Truck-tractor with no cargo trailer
- (68) Truck-tractor pulling one trailer
- (69) Truck-tractor pulling two or more trailers
- (70) Truck-tractor (unknown if pulling trailer)
- (78) Unknown medium/heavy truck type
- (79) Unknown truck type (light/medium/heavy)

Motored Cycles (Does Not Include All-Terrain Vehicles/Cycles)

- (80) Motorcycle
- (81) Moped (motorized bicycle)
- (82) Three-wheel motorcycle or moped
- (88) Other motored cycle (minibike, motorscooter) (specify): _____
- (89) Unknown motored cycle type

Other Vehicles

- (90) ATV (All-Terrain Vehicle) and ATC (All-Terrain Cycle)
- (91) Snowmobile
- (92) Farm equipment other than trucks
- (93) Construction equipment other than trucks
- (97) Other vehicle type
- (99) Unknown body type

OCCUPANT RELATED

16. Driver Presence in Vehicle 1
 (0) Driver not present
 (1) Driver present
 (9) Unknown
17. Number of Occupants This Vehicle 1
 (00-96) Code actual number of occupants for this vehicle
 (97) 97 or more
 (99) Unknown
18. Number of Occupant Forms Submitted 1

VEHICLE WEIGHT ITEMS

19. Vehicle Curb Weight 1,180
 Code weight to nearest 10 kilograms.
 (045) Less than 450 kilograms
 (610) 6,100 kilograms or more
 (999) Unknown
1,180 lbs X .4536 = 533 kgs
 Source:
20. Vehicle Cargo Weight 0
 Code weight to nearest 10 kilograms.
 (000) Less than 5 kilograms
 (450) 4,500 kilograms or more
 (999) Unknown
 lbs X .4536 = kgs

RECONSTRUCTION DATA

21. Towed Trailing Unit 0
 (0) No towed unit
 (1) Yes—towed trailing unit
 (9) Unknown
22. Documentation of Trajectory Data for This Vehicle 1
 (0) No
 (1) Yes
23. Post Collision Condition of Tree or Pole (For Highest Delta V) 0
 (0) Not collision (for highest delta V) with tree or pole
 (1) Not damaged
 (2) Cracked/sheared
 (3) Tilted <45 degrees
 (4) Tilted ≥45 degrees
 (5) Uprooted tree
 (6) Separated pole from base
 (7) Pole replaced
 (8) Other (specify):

 (9) Unknown

24. Rollover 2
 (0) No rollover (no overturning)
Rollover (primarily about the longitudinal axis)
 (1) Rollover, 1 quarter turn only
 (2) Rollover, 2 quarter turns
 (3) Rollover, 3 quarter turns
 (4) Rollover, 4 or more quarter turns (specify):

 (5) Rollover--end-over-end (i.e., primarily about the lateral axis)
 (9) Rollover (overturn), details unknown

OVERRIDE/UNDERRIDE (THIS VEHICLE)

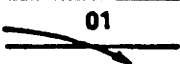


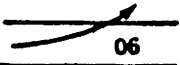
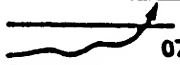
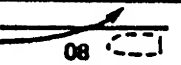
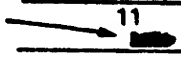
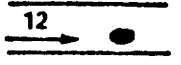
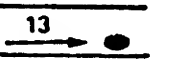
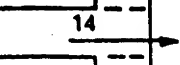
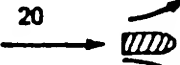
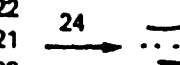
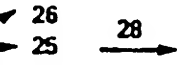
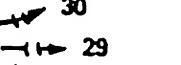


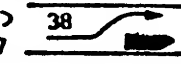
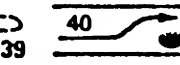
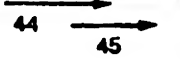


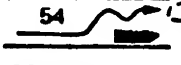
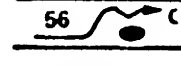

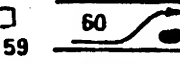

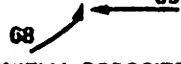

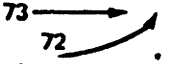
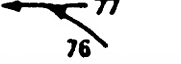

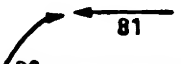



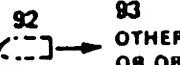
25. Front Override/Underride (this Vehicle) 0
26. Rear Override/Underride (this Vehicle) 0
 (0) No override/underride, or not an end-to-end impact
Override (see specific CDC)
 (1) 1st CDC
 (2) 2nd CDC
 (3) Other not automated CDC (specify):

Underride (see specific CDC)
 (4) 1st CDC
 (5) 2nd CDC
 (6) Other not automated CDC (specify):

 (7) Medium/heavy truck or bus override
 (9) Unknown

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

- Values: (000)-(359) Code actual value
 (997) Noncollision
 (998) Impact with object
 (999) Unknown
27. Heading Angle For This Vehicle 265
28. Heading Angle For Other Vehicle 105

Category	Configuration	ACCIDENT TYPES (Includes Intent)				
I. Single Driver	A. Right Roadside Departure	 01 DRIVE OFF ROAD	 02 CONTROL/ TRACTION LOSS	 03 AVOID COLLISION WITH VEH., PED., ANIM.	04 SPECIFICS OTHER	05 SPECIFICS UNKNOWN
	B. Left Roadside Departure	 06 DRIVE OFF ROAD	 07 CONTROL/ TRACTION LOSS	 08 AVOID COLLISION WITH VEH., PED., ANIM.	09 SPECIFICS OTHER	10 SPECIFICS UNKNOWN
	C. Forward Impact	 11 PARKED VEH.	 12 STA. OBJECT	 13 PEDESTRIAN/ ANIMAL	 14 END DEPARTURE	15 SPECIFICS OTHER 16 SPECIFICS UNKNOWN
II Same Trafficway Same Direction	D. Rear-End	 20 STOPPED 21, 22, 23	 22 SLOWER 26, 28, 27	 24 DECEL. 29, 30, 31	 26 AVOID COLLISION WITH VEH.	(EACH • 32) SPECIFICS OTHER (EACH • 33) SPECIFICS UNKNOWN
	E. Forward Impact	 34 CONTROL/ TRACTION LOSS	 36 CONTROL/ TRACTION LOSS	 38 AVOID COLLISION WITH VEH.	 40 AVOID COLLISION WITH OBJECT	(EACH • 42) SPECIFICS OTHER (EACH • 43) SPECIFICS UNKNOWN
	F. Sideswipe Angle	 44 45	 46 45 47	(EACH • 48) SPECIFICS OTHER	(EACH • 49) SPECIFICS UNKNOWN	
III Same Trafficway Opposite Direction	G. Head-On	 50 LATERAL MOVE	51 (EACH • 52) SPECIFICS OTHER	(EACH • 53) SPECIFICS UNKNOWN		
	H. Forward Impact	 54 CONTROL/ TRACTION LOSS	 56 CONTROL/ TRACTION LOSS	 58 AVOID COLLISION WITH VEH.	 60 AVOID COLLISION WITH OBJECT	(EACH • 62) SPECIFICS OTHER (EACH • 63) SPECIFICS UNKNOWN
	I. Sideswipe Angle	 64 LATERAL MOVE	65 (EACH • 66) SPECIFICS OTHER	(EACH • 67) SPECIFICS UNKNOWN		
IV. Change Trafficway Vehicle Turning	J. Turn Across Path	 68 INITIAL OPPOSITE DIRECTIONS	 71 INITIAL SAME DIRECTIONS	 73 72	(EACH • 74) SPECIFICS OTHER (EACH • 75) SPECIFICS UNKNOWN	
	K. Turn Into Path	 77 TURN INTO SAME DIRECTION	 79 TURN INTO OPPOSITE DIRECTIONS	 81 80	 83 82	(EACH • 84) SPECIFICS OTHER (EACH • 85) SPECIFICS UNKNOWN
V. Intersecting Paths (Vehicle Damage)	L. Straight Paths	 86 87	 88 89	(EACH • 90) SPECIFICS OTHER	(EACH • 91) SPECIFICS UNKNOWN	
VI. Miscellaneous	M. Backing Etc.	 92 BACKING VEH.	93 OTHER VEH. OR OBJECT	98 Other Accident Type 99 Unknown Accident Type 00 No Impact		

29. Basis for Total Delta V (highest) 1*Delta V Calculated*

- (1) CRASH program—damage only routine
- (2) CRASH program—damage and trajectory routine
- (3) Missing vehicle algorithm

Delta V Not Calculated

- (4) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.
- (5) All vehicles within scope (CDC applicable) of CRASH program but one of the collision conditions is beyond the scope of the CRASH program or other acceptable reconstruction technique, regardless of adequacy of damage data.
- (6) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available.

32. Lateral Component of Delta V ⁽⁺⁾ 0 0 0 6 Highest
(+ 0 0 4 mph)5.6 Nearest kph (highest)

(3.5 mph)

Nearest kph (secondary)

(NOTE: __000 means greater than
-0.5 kph and less than +0.5 kph)
(±160) ±159.5 kph and above
(__999) Unknown

33. Energy Absorption 1 8 5 7 0 0

(136,100 ft/lbs)

185,667.7 Nearest 100 joules (highest)

(136,052.7 ft/lbs)

Nearest 100 joules (secondary)

(NOTE: 0000 means less than 50 joules)
(9997) 999,650 joules or more
(9999) Unknown

COMPUTER GENERATED DELTA V

30. Total Delta V

Highest

0 6 4
(0 4 4 mph)64.2 Nearest kph (highest)

(39.8 mph)

Nearest kph (secondary)

(NOTE: 000 means less than
0.5 kph)
(160) 159.5 kph and above
(999) Unknown

31. Longitudinal Component of
Delta V⁺
0 0 6 4
(- 0 4 4 mph)-64.0 Nearest kph (highest)

(-39.7 mph)

Nearest kph (secondary)

(NOTE: __000 means greater than
-0.5 kph and less than +0.5 kph)
(±160) ±159.5 kph and above
(__999) Unknown

34. Confidence In Reconstruction Program
Results (For Highest Delta V)

- (0) No reconstruction
- (1) Collision fits model — results appear reasonable
- (2) Collision fits model — results appear high
- (3) Collision fits model — results appear low
- (4) Borderline reconstruction — results appear reasonable

35. Type of Vehicle Inspection

- (0) No inspection
- (1) Complete inspection
- (2) Partial inspection (specify):

36. Is this an AOPS Vehicle?

- (0) No
- (1) Yes - researcher determined
- (2) VIN determined air bag system
- (3) VIN determined automatic (passive) belts
- (4) VIN determined air bag and automatic (passive) belts

IS OLDMISS APPLICABLE FOR THIS VEHICLE? [] YES [X] NO

IF YES: IS A COMPLETED OLDMISS PROGRAM SUMMARY INCLUDED? [] YES [] NO

37. Police Reported Other Drug Presence ϕ

- (0) No other drug(s) present
- (1) Yes [other drug(s) present]
- (7) Not reported
- (8) No driver present
- (9) Unknown

38. Police Reported Drug Evaluation Classification (DEC) Test For Driver ϕ

- (0) No DEC process available or given
- (1) DEC process given, results known
- (2) DEC process given, results unknown
- (3) DEC process available, unknown if given
- (8) No driver present

39. Other Drug Specimen Test Type For Driver ϕ

- (0) No specimen test given
- (1) Blood test
- (2) Urine test
- (3) Other specimen tests (specify): _____
- (7) Unspecified specimen test
- (8) No driver present
- (9) Unknown if specimen test given

DRUG EVALUATION CLASSIFICATION

OTHER DRUGS TEST RESULTS FOR DRIVER

	DEC Test Results	Specimen Test Results
Narcotic Drug	40. <u> ϕ </u>	41. <u> ϕ </u>
Depressant Drug	42. <u> ϕ </u>	43. <u> ϕ </u>
Stimulant Drug	44. <u> ϕ </u>	45. <u> ϕ </u>
Hallucinogen Drug	46. <u> ϕ </u>	47. <u> ϕ </u>
Cannabinoid Drug	48. <u> ϕ </u>	49. <u> ϕ </u>
Phencyclidine (PCP)	50. <u> ϕ </u>	51. <u> ϕ </u>
Inhalant Drug	52. <u> ϕ </u>	53. <u> ϕ </u>
Other Drug (Excluding Nicotine, Aspirin, Alcohol, Drugs Administered Post-Crash)	54. <u> ϕ </u>	55. <u> ϕ </u>

Codes For DEC Test Results

- (0) No DEC test given
- (1) Passed DEC test
- (2) Failed DEC test
- (3) DEC test given—results unknown
- (8) No driver present
- (9) Unknown if DEC test given

Codes for Specimen Test Results

- (0) No specimen test given
- (1) Drug not found in specimen
- (2) Drug found in specimen
- (7) Specimen test given, results unknown or not obtained
- (8) No driver present
- (9) Unknown if specimen test given

OTHER DATA56. Driver's Zip Code

- (00000) Driver not present
 (00001) Driver not a resident of U.S. or territories
 Code actual 5-digit zip code
 (99999) Unknown

57. Driver's Race/Ethnic Origin 1

- (0) Driver not present
 (1) White (non-Hispanic)
 (2) Black (non-Hispanic)
 (3) White (Hispanic)
 (4) Black (Hispanic)
 (5) American Indian, Eskimo or Aleut
 (6) Asian or Pacific Islander
 (8) Other (specify): _____
 (9) Unknown

58. Vehicle Special Use (This Trip) φ

- (0) No special use
 (1) Taxi
 (2) Vehicle used as school bus
 (3) Vehicle used as other bus
 (4) Military
 (5) Police
 (6) Ambulance
 (7) Fire truck or car
 (8) Other (specify): _____
 (9) Unknown

ROLLOVER DATA

If GV07 (Body Type) ≠ 1-49, leave GV59-GV63 blank.
 If GV24 (Rollover) = 0, then GV59-GV63 must equal 0.
 If GV24 = 9, then GV59-GV63 must equal 9.

59. Rollover Initiation Type 7

- (0) No rollover
 (1) Trip-over
 (2) Flip-over
 (3) Turn-over
 (4) Climb-over
 (5) Fall-over
 (6) Bounce-over
 (7) Collision with another vehicle
 (8) Other rollover initiation type specify): _____
 (9) Unknown rollover initiation type

60. Location of Rollover Initiation 1

- (0) No rollover
 (1) On roadway
 (2) On shoulder—paved
 (3) On shoulder—unpaved
 (4) On roadside or divided trafficway median
 (9) Unknown

61. Rollover Initiation Object Contacted φ 1 62. Location on Vehicle Where Initial Principal Tripping Force Is Applied 3

- (0) No rollover
 (1) Wheels/tires
 (2) Side plane
 (3) End plane
 (4) Undercarriage
 (5) Other location on vehicle (specify): _____
 (8) Non-contact rollover forces (specify): _____
 (9) Unknown

63. Direction of Initial Roll 1

- (0) No rollover
 (1) Roll right - primarily about the longitudinal axis
 (2) Roll left - primarily about the longitudinal axis
 (5) End-over-end (i.e., primarily about the lateral axis)
 (9) Unknown roll direction

PRECRASH DATA64. Pre-Event Movement (Prior to Recognition of Critical Event) 1 3

- (01) Going straight
 (02) Slowing or stopping in traffic lane
 (03) Starting in traffic lane
 (04) Stopped in traffic lane
 (05) Passing or overtaking another vehicle
 (06) Disabled or parked in travel lane
 (07) Leaving a parking position
 (08) Entering a parking position
 (09) Turning right
 (10) Turning left
 (11) Making a U-turn
 (12) Backing up (other than for parking position)
 (13) Negotiating a curve
 (14) Changing lanes
 (15) Merging
 (16) Successful avoidance maneuver to a previous critical event
 (97) Other (specify): _____
 (98) No driver present
 (99) Unknown

CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

- (00) No rollover
- (01-30) — Vehicle Number

Noncollision

- (31) Turn-over — fall-over
- (33) Jackknife

Collision With Fixed Object

- (41) Tree (≤ 10 cm in diameter)
- (42) Tree (> 10 cm in diameter)
- (43) Shrubbery or bush
- (44) Embankment

- (45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post

- (50) Pole or post (≤ 10 cm in diameter)
- (51) Pole or post (> 10 cm but ≤ 30 cm in diameter)
- (52) Pole or post (> 30 cm in diameter)
- (53) Pole or post (diameter unknown)

- (54) Concrete traffic barrier
- (55) Impact attenuator
- (56) Other traffic barrier (includes guardrail)
(specify): _____

- (57) Fence
- (58) Wall
- (59) Building
- (60) Ditch or culvert
- (61) Ground
- (62) Fire hydrant
- (63) Curb
- (64) Bridge
- (68) Other fixed object (specify): _____

- (69) Unknown fixed object

Collision with Nonfixed Object

- (71) Motor vehicle not in-transport
- (76) Animal
- (77) Train
- (78) Trailer, disconnected in transport
- (79) Object fell from vehicle in-transport
- (88) Other nonfixed object (specify): _____

- (89) Unknown nonfixed object

- (98) Other event (specify): _____

- (99) Unknown event or object

PRECRASH DATA (Continued)

65. Critical Precrash Event

6 2*This Vehicle Loss of Control Due To:*

- (01) Blow out or flat tire
- (02) Stalled engine
- (03) Disabling vehicle failure (e.g., wheel fell off) (specify): _____
- (04) Non-disabling vehicle problem (e.g., hood flew up) (specify): _____
- (05) Poor road conditions (puddle, pot hole, ice, etc.) (specify): _____
- (06) Traveling too fast for conditions
- (08) Other cause of control loss (specify): _____
- (09) Unknown cause of control loss

This Vehicle Traveling

- (10) Over the lane line on left side of travel lane
- (11) Over the lane line on right side of travel lane
- (12) Off the edge of the road on the left side
- (13) Off the edge of the road on the right side
- (14) End departure
- (15) Turning left at intersection
- (16) Turning right at intersection
- (17) Crossing over (passing through) intersection
- (19) Unknown travel direction

Other Motor Vehicle In Lane

- (50) Stopped
- (51) Traveling in same direction with lower speed (i.e., lower steady speed or decelerating)
- (52) Traveling in same direction with higher speed
- (53) Traveling in opposite direction
- (54) In crossover
- (55) Backing
- (59) Unknown travel direction of other motor vehicle in lane

Other Motor Vehicle Encroaching Into Lane

- (60) From adjacent lane (same direction)—over left lane line
- (61) From adjacent lane (same direction)—over right lane line
- (62) From opposite direction—over left lane line
- (63) From opposite direction—over right lane line
- (64) From parking lane
- (65) From crossing street, turning into same direction
- (66) From crossing street, across path
- (67) From crossing street, turning into opposite direction
- (68) From crossing street, intended path not known
- (70) From driveway, turning into same direction
- (71) From driveway, across path
- (72) From driveway, turning into opposite direction
- (73) From driveway, intended path not known
- (74) From entrance to limited access highway
- (78) Encroachment by other vehicle—details unknown

Pedestrian or Pedalcyclist, or Other Nonmotorist

- (80) Pedestrian in roadway
- (81) Pedestrian approaching roadway
- (82) Pedestrian—unknown location
- (83) Pedalcyclist or other nonmotorist in roadway (specify): _____
- (84) Pedalcyclist or other nonmotorist approaching roadway (specify): _____
- (85) Pedalcyclist or other nonmotorist—unknown location (specify): _____

Object or Animal

- (87) Animal in roadway
- (88) Animal approaching roadway
- (89) Animal—unknown location
- (90) Object in roadway
- (91) Object approaching roadway
- (92) Object—unknown location
- (98) Other critical precrash event (specify): _____
- (99) Unknown

For Corrective Actions Attempted see variable GV14
(Attempted Avoidance Manuever)

66. Precrash Stability After Avoidance Maneuver φ

- (0) No avoidance maneuver
- (1) Tracking
- (2) Skidding longitudinally—rotation less than 30 degrees
- (3) Skidding laterally—clockwise rotation
- (4) Skidding laterally—counterclockwise rotation
- (7) Other vehicle loss-of-control (specify): _____
- (8) No driver present
- (9) Precrash stability unknown

67. Precrash Directional Consequences of Avoidance Maneuver (Corrective Action) φ

- (0) No avoidance maneuver
- (1) Vehicle stayed in travel lane where avoidance maneuver was initiated
- (2) Vehicle stayed on roadway but left travel lane where avoidance maneuver was initiated
- (3) Vehicle stayed on roadway, not known if left travel lane where avoidance maneuver was initiated
- (4) Vehicle departed roadway
- (5) Avoidance maneuver initiated off roadway
- (8) No driver present
- (9) Directional consequences unknown

*** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV35 = 0), ***
DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS.

*** IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE ***
THE EXTERIOR VEHICLE, INTERIOR VEHICLE,
OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.



EXTERIOR VEHICLE FORM

1. Primary Sampling Unit Number _____	3. Vehicle Number <u>02</u>
2. Case Number - Stratum <u>DSI-94-AB-003</u>	

VEHICLE IDENTIFICATION

VIN 1 B 3 A P 6 4 3 0 R 1 * * * * * Model Year 94

Vehicle Make (specify): DODGE Vehicle Model (specify): SHADOW ES 3-DOOR

LOCATOR

Locate the end of the damage with respect to the vehicle longitudinal center line or bumper corner for end impacts or an undamaged axle for side impacts.

Specific Impact No.	Location of Direct Damage	Location of Field L
<u>01</u>	<u>BEGINS LEFT FRONT BUMPER CORNER</u>	<u>FULL FRONTAL</u>
<u>02</u>	<u>ROLLOVER R/SIDE & TOP</u>	<u>NOT MEASURED - CDC ONLY</u>
<u>03</u>	<u>UNDER CARRIAGE</u>	<u>NOT MEASURED - CDC ONLY</u>

CRUSH PROFILE IN CENTIMETERS

NOTES: Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space).

Measure and document on the vehicle diagram the location of maximum crush.

Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts.

Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

Use as many lines/columns as necessary to describe each damage profile.

Specific Impact Number	Plane of Impact C-Measurements	Direct Damage		Field L	C ₁	C ₂	C ₃	C ₄	C ₅	C ₆	± D	
		Width (CDC)	Max Crush									
01	FRONT BUMPER BEAM	101.6	134.1	86.0	134.1	110.0	82.5	58.5	40.0	28.2	-25.4	
	- FREE SPACE		7.6		7.6	5.1	0	0	5.1	7.6		
	- FACIA		5.1		5.1	5.1	5.1	5.1	5.1	5.1		
	RESULTANT		121.4		121.4	99.8	77.4	53.4	29.8	15.5		
			@C ₁									
02	TOP				NOT MEASURED - CDC ONLY						ZONE 3	
03	UNDER CARRIAGE				NOT MEASURED - CDC ONLY						ZONE 2	
				U.S. EQUIVALENTS								
01	FRONT BUMPER BEAM	40.0"	52.8"	33.9"	52.8"	43.3"	32.5"	23.0"	15.7"	11.1"	-10.0"	
	- FREE SPACE		3.0"		3.0"	2.0"	0	0	2.0"	3.0"		
	- FACIA		2.0"		2.0"	2.0"	2.0"	2.0"	2.0"	2.0"		
	RESULTANT		47.8"		47.8"	39.3"	30.5"	21.0"	11.7"	6.1"		
			@C ₁									
02	TOP				NOT MEASURED - CDC ONLY						ZONE 3	
03	UNDER CARRIAGE				NOT MEASURED - CDC ONLY						ZONE 2	

ORIGINAL SPECIFICATIONS WORK SHEET

Wheelbase	<u>φ</u> <u>9</u> <u>7.2</u> inches	x 2.54 =	<u>2</u> <u>4</u> <u>7</u> cm
Overall Length	<u>1</u> <u>7</u> <u>1.9</u> inches	x 2.54 =	<u>4</u> <u>3</u> <u>7</u> cm
Maximum Width	<u>φ</u> <u>6</u> <u>7.3</u> inches	x 2.54 =	<u>1</u> <u>7</u> <u>1</u> cm
Curb Weight	<u>φ</u> <u>2,6</u> <u>φ</u> <u>8</u> pounds	x .4536 =	<u>1</u> <u>1</u> <u>8</u> <u>3</u> kg
Average Track	<u>φ</u> <u>5</u> <u>7.4</u> inches	x 2.54 =	<u>1</u> <u>4</u> <u>6</u> cm
Front Overhang	<u>φ</u> <u>3</u> <u>8.1</u> inches	x 2.54 =	<u>φ</u> <u>9</u> <u>7</u> cm
Rear Overhang	<u>φ</u> <u>3</u> <u>6.6</u> inches	x 2.54 =	<u>φ</u> <u>9</u> <u>3</u> cm
Undeformed End Width	<u>φ</u> <u>6</u> <u>φ</u> <u>φ</u> inches	x 2.54 =	<u>1</u> <u>5</u> <u>2</u> cm
Engine Size: cyl./displ.	<u>3</u> <u>φ</u> <u>φ</u> <u>φ</u> cc	x .001 =	<u>3</u> <u>φ</u> L
	<u>1</u> <u>8</u> <u>3</u> CID	x .0164 =	<u>3</u> <u>φ</u> L

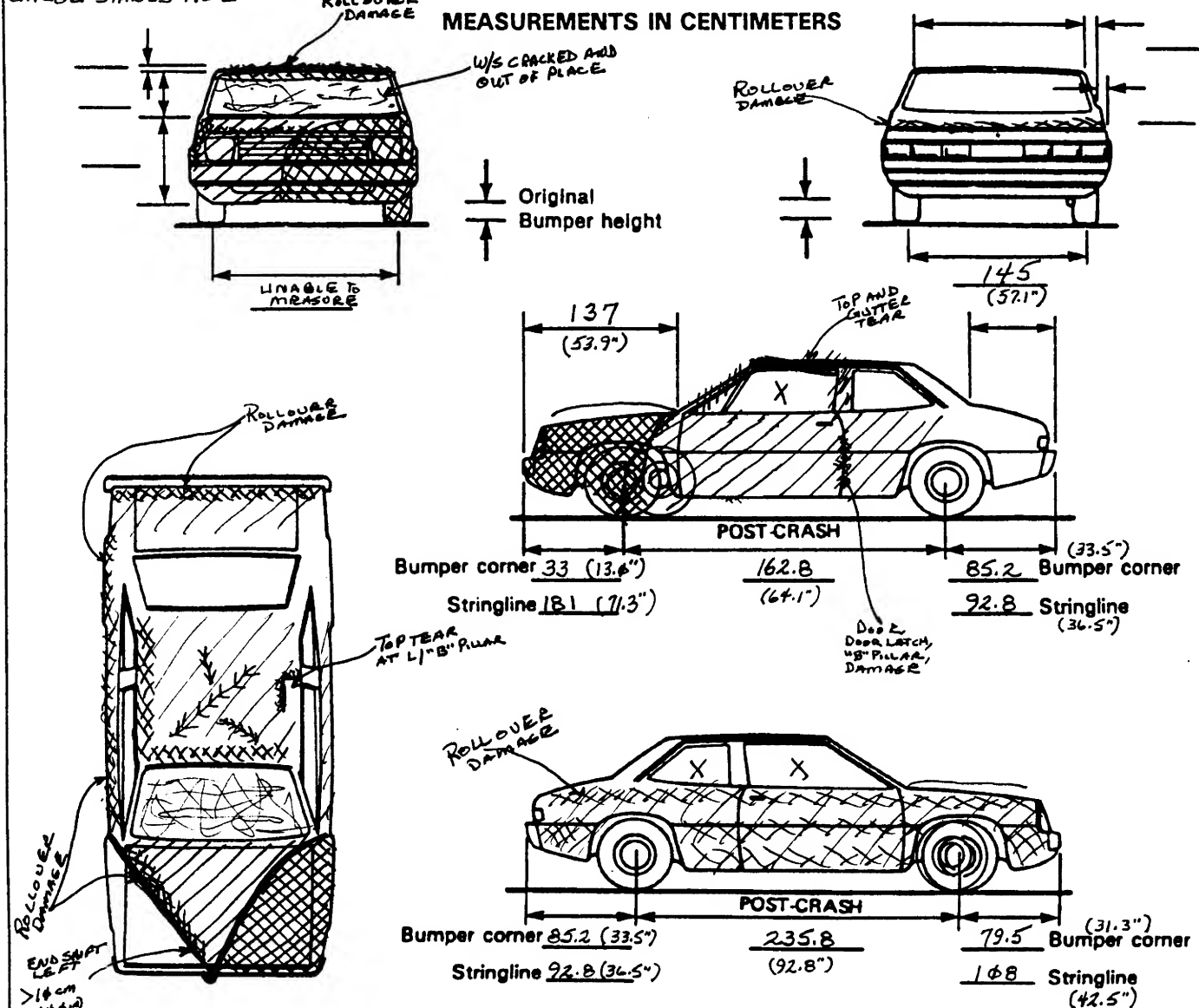
VEHICLE DAMAGE SKETCH

TIRE—WHEEL DAMAGE a. Rotation physically restricted RF <u>2</u> LF <u>1</u> RR <u>2</u> LR <u>2</u> (1) Yes (2) No (8) NA (9) Unk.		b. Tire deflated RF <u>2</u> LF <u>1</u> RR <u>2</u> LR <u>2</u>		ORIGINAL SPECIFICATIONS Wheelbase <u>247</u> cm Overall Length <u>437</u> cm Maximum Width <u>171</u> cm Curb Weight <u>1,183</u> kg Average Track <u>146</u> cm Front Overhang <u>97</u> cm Rear Overhang <u>93</u> cm Undeformed End Width <u>152</u> cm Engine Size: cyl./displ. <u>V6/3.0</u> L		WHEEL STEER ANGLES (For locked front wheels or displaced rear axles only) RF \pm <u>4</u> $^{\circ}$ LF \pm <u>1</u> $^{\circ}$ RR \pm <u>—</u> $^{\circ}$ LR \pm <u>—</u> $^{\circ}$ Within \pm 5 degrees	
TYPE OF TRANSMISSION <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic				DRIVE WHEELS <input checked="" type="checkbox"/> FWD <input type="checkbox"/> RWD <input type="checkbox"/> 4WD			
				Approximate Cargo Weight <u>0</u> kg			

GAUGE STANDS A/D L

ROLLOVER DAMAGE

MEASUREMENTS IN CENTIMETERS



NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.

Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

CODES FOR OBJECT CONTACTED

(57) Fence

(58) Wall

- (59) Building
(60) Ditch or culvert
(61) Ground
(62) Fire hydrant
(63) Curb
(64) Bridge
(68) Other fixed object

(68) Other fixed object (specify):

(69) Unknown fixed object

Collision with Nonfixed Object

(71) Motor vehicle not in-transport

- (72) Pedestrian
(73) Cyclist or cycle
(74) Other nonmotorist or conveyance

(75) Vehicle occupant

(76) Animal

- (77) Train
(78) Trailer, disconnected in transport
(79) Object fell from vehicle in-transport
(88) Other nonfixed object (specify):

(89) Unknown nonfixed object

(98) Other event (specify):

(99) Unknown event or object

[illegible]

COLLISION DEFORMATION CLASSIFICATION

HIGHEST DELTA "V"

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Longitudinal or Lateral Location	(5) Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
4. <u>Φ 1</u>	5. <u>Φ 1</u>	6. <u>9 2</u>	7. <u>F</u>	8. <u>Y</u>	9. <u>E</u>	10. <u>W</u>	11. <u>Φ 5</u>

Second Highest Delta "V"

12. <u>Φ 2</u>	13. <u>3 1</u>	14. <u>Φ Φ</u>	15. <u>T</u>	16. <u>D</u>	17. <u>D</u>	18. <u>O</u>	19. <u>Φ 3</u>
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CRUSH PROFILE IN CENTIMETERS

The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. (ALL MEASUREMENTS ARE IN CENTIMETERS.)

HIGHEST DELTA "V"

20. <u>L</u>	21. <u>C₁</u>	<u>C₂</u>	<u>C₃</u>	<u>C₄</u>	<u>C₅</u>	<u>C₆</u>	22. <u>± D</u>
<u>1 5 2</u> (60")	<u>1 2 1</u> (48")	<u>1 Φ Φ</u> (39")	<u>Φ 7 7</u> (31")	<u>Φ 5 3</u> (21")	<u>Φ 3 Φ</u> (12")	<u>Φ 1 6</u> (Φ 6")	<u>⊕</u> <u>⊖</u> <u>Φ 2 5</u> (-1Φ")

Second Highest Delta "V"

23. <u>L</u>	24. <u>C₁</u>	<u>C₂</u>	<u>C₃</u>	<u>C₄</u>	<u>C₅</u>	<u>C₆</u>	25. <u>± D</u>
<u>NOT MEASURED - ROLLOVER - CDC ONLY</u>							<u>+</u> <u>-</u>

26. Are CDCs Documented but Not Coded on The Automated File? 1
(0) No
(1) Yes

27. Researcher's Assessment of Vehicle Disposition 1
(0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown

28. Original Wheelbase 2 4 7
Code to the nearest centimeter
(999) Unknown

Φ 2 7 . 2 inches X 2.54 = 2 4 7 centimeters

<p>29. Is This A Multi-Stage Manufactured Vehicle And/Or A Certified Altered Vehicle? <u>φ</u></p> <p>(0) No post manufacturer modifications</p> <p>(1) Yes - post manufacturer modifications (specify): _____</p> <p>_____ (Include photograph of CERTIFICATION PLACARD in case report)</p> <p>(9) Unknown if vehicle is modified</p>	<p>34. Fuel Tank-1 Location <u>1</u></p> <p>35. Fuel Tank-2 Location <u>φ</u></p> <p>(0) No fuel tank</p> <p>(1) Aft of center of the rear wheels (rear axle) centered</p> <p>(2) Aft of center of the rear wheels (rear axle) left side</p> <p>(3) Aft of center of the rear wheels (rear axle) right side</p> <p>(4) Forward of center of the rear wheels (rear axle) centered</p> <p>(5) Forward of center of the rear wheels (rear axle) left side</p> <p>(6) Forward of center of the rear wheels (rear axle) right side</p> <p>(7) Over center of the rear wheels (rear axle)</p> <p>(8) Other (specify): _____</p> <p>(9) Unknown</p>
<p>30. Fire Occurrence <u>φ</u></p> <p>(0) No fire</p> <p>Yes, fire occurred</p> <p>(1) Minor</p> <p>(2) Major</p> <p>(9) Unknown</p>	
<p>31. Origin of Fire <u>φ</u></p> <p>(0) No fire</p> <p>(1) Vehicle exterior (front, side, back, top)</p> <p>(2) Exhaust system</p> <p>(3) Fuel tank (and other fuel retention system parts)</p> <p>(4) Engine compartment</p> <p>(5) Cargo/trunk compartment</p> <p>(6) Instrument panel</p> <p>(7) Passenger compartment area</p> <p>(8) Other location (specify): _____</p> <p>(9) Unknown</p>	<p>36. Fuel Tank-1 Filler Cap Location <u>3</u></p> <p>37. Fuel Tank-2 Filler Cap Location <u>φ</u></p> <p>(0) No fuel tank</p> <p>(1) On back plane</p> <p>(2) Aft of center of the rear wheels (rear axle) on left side plane</p> <p>(3) Aft of center of the rear wheels (rear axle) on right side plane</p> <p>(4) Forward of center of the rear wheels (rear axle) on left side plane</p> <p>(5) Forward of center of the rear wheels (rear axle) on right side plane</p> <p>(6) Over the center of the rear wheels (rear axle) on left side plane</p> <p>(7) Over the center of the rear wheels (rear axle) on right side plane</p> <p>(8) Other (specify): _____</p> <p>(9) Unknown</p>
<p>32. Type of Fuel Tank-1 <u>1</u></p> <p>33. Type of Fuel Tank-2 <u>φ</u></p> <p>(0) No fuel tank (electrical vehicle)</p> <p>(1) Metallic</p> <p>(2) Non-metallic</p> <p>(9) Unknown</p>	<p>38. Fuel Tank-1 Damage <u>1</u></p> <p>39. Fuel Tank-2 Damage <u>φ</u></p> <p>(0) No fuel tank</p> <p>(1) No damage to fuel tank</p> <p>(2) Deformed, no seam failure</p> <p>(3) Deformed, with a seam failure</p> <p>(4) Punctured</p> <p>(5) Lacerated (ripped)</p> <p>(6) Abraded (scraped)</p> <p>(7) Filler neck separation from the fuel tank</p> <p>(8) Other damage (specify): _____</p> <p>(9) Unknown</p>

*** STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT TOWED AND WAS NOT AN AOPS ***
(I.E., GV09=0 OR 9 AND GV36=0), DO NOT COMPLETE THE INTERIOR VEHICLE FORM.



INTERIOR VEHICLE FORM

1. Primary Sampling Unit Number

2. Case Number - Stratum DSI-94-AB-φφ33. Vehicle Number φ 2

INTEGRITY

4. Passenger Compartment Integrity 9 8

(00) No integrity loss

Yes, Integrity Was Lost Through

(01) Windshield

(02) Door (side)

(03) Door/hatch (back door)

(04) Roof

(05) Roof glass

(06) Side window

(07) Rear window (backlight)

(08) Roof and roof glass

(09) Windshield and door (side)

(10) Windshield and roof

(11) Side and rear window (side window and backlight)

(12) Windshield and side window

(13) Door and side window

(98) Other combination of above (specify):

φ1, φ2, φ6

(99) Unknown

Door, Tailgate or Hatch Opening

5. LF 2 6. RF 1 7. LR φ 8. RR φ 9. TG/H 2

(0) No door/gate/hatch

(1) Door/gate/hatch remained closed and operational

(2) Door/gate/hatch came open during collision

(3) Door/gate/hatch jammed shut

(8) Other (specify):

(9) Unknown

Damage/Failure Associated with Door, Tailgate or Hatch
Opening in Collision. If IV05-IV09 ≠ 2, Then code 010. LF 5 11. RF φ 12. LR φ 13. RR φ 14. TG/H 2

(0) No door/gate/hatch or door not opened

Door, Tailgate or Hatch Came Open During Collision

(1) Door operational (no damage)

(2) Latch/striker failure due to damage

(3) Hinge failure due to damage

(4) Door structure failure due to damage

(5) Door support (i.e., pillar, sill, roof side rail,
etc.) failure due to damage

(6) Latch/striker and hinge failure due to damage

(8) Other failure (specify):

(9) Unknown

THE LATCH/STRIKER ALSO FAILED
DUE TO DAMAGE

GLAZING

Glazing Damage from Impact Forces

15. WS 2 16. LF 6 17. RF 6 18. LR φ 19. RR 620. BL φ 21. Roof 8 22. Other 8

(0) No glazing damage from impact forces

(2) Glazing in place and cracked from impact forces

(3) Glazing in place and holed from impact forces

(4) Glazing out-of-place (cracked or not) and not holed from
impact forces

(5) Glazing out-of-place and holed from impact forces

(6) Glazing disintegrated from impact forces

(7) Glazing removed prior to accident

(8) No glazing

(9) Unknown if damaged

Glazing Damage from Occupant Contact

23. WS φ 24. LF 9 25. RF 9 26. LR φ 27. RR φ28. BL φ 29. Roof φ 30. Other φ

(0) No occupant contact to glazing or no glazing

(1) Glazing contacted by occupant but no glazing damage

(2) Glazing in place and cracked by occupant contact

(3) Glazing in place and holed by occupant contact

(4) Glazing out-of-place (cracked or not) by occupant
contact and not holed by occupant contact(5) Glazing out-of-place by occupant contact and holed by
occupant contact

(6) Glazing disintegrated by occupant contact

(9) Unknown if contacted by occupant

If No Glazing Damage **And** No Occupant Contact or No
Glazing, Then Code IV31 Through IV46 As 0

Type of Window/Windshield Glazing

31. WS 1 32. LF 2 33. RF 2 34. LR φ 35. RR 236. BL φ 37. Roof φ 38. Other φ

(0) No glazing contact and no damage, or no glazing

(1) AS-1 — Laminated

(2) AS-2 — Tempered

(3) AS-3 — Tempered-tinted

(4) AS-14 — Glass/Plastic

(8) Other (specify):

(9) Unknown

Window Precrash Glazing Status

39. WS 1 40. LF 2 41. RF 2 42. LR φ 43. RR 244. BL φ 45. Roof φ 46. Other φ

(0) No glazing contact and no damage, or no glazing

(1) Fixed

(2) Closed

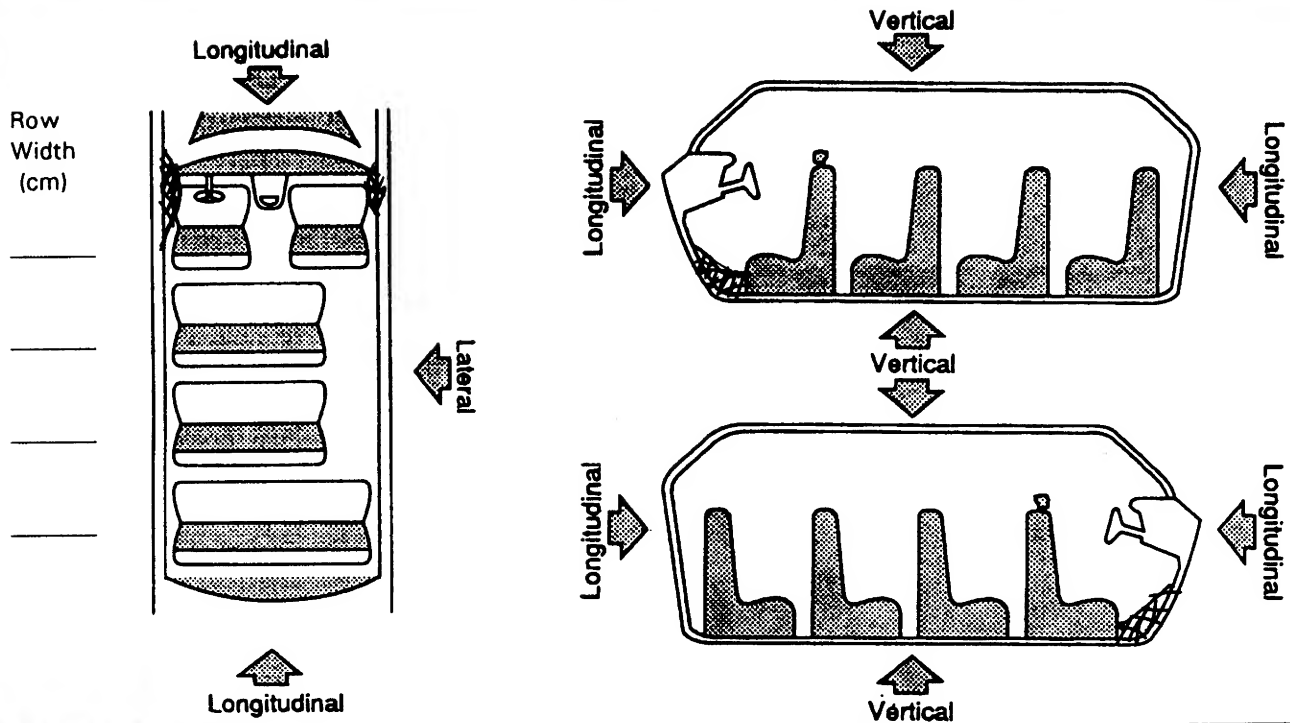
(3) Partially opened

(4) Fully opened

(9) Unknown

INTRUSION WORKSHEET

Note: Sketch intruded areas



LOCATION OF INTRUSION	INTRUDED COMPONENT	(All Measurements Are In Centimeters)			DOMINANT CRUSH DIRECTION
		COMPARISON VALUE	INTRUDED VALUE	INTRUSION	
11	FLOOR	68.6cm (27.4")	18.6cm (7.3")	50.0cm (19.7")	LATERAL
11	TOE PAN	114.3cm (45.0")	70.1cm (27.6")	44.2cm (17.4")	LONG
11	TOE PAN	9.0cm (3.5")	30.0cm (11.8")	21.0cm (8.3")	LATERAL
13	TOE PAN	114.3cm (45.0")	94.0cm (37.0")	20.3cm (8.0")	LONG
11	FLOOR/SILL	27.9cm (11.0")	12.4cm (4.9")	15.5cm (6.1")	VERTICAL
13	FLOOR/SILL	27.9cm (11.0")	12.7cm (5.0")	15.2cm (6.0")	VERTICAL
13	FLOOR	68.6cm (27.0")	58.4cm (23.0")	10.2cm (4.0")	LATERAL

OCCUPANT AREA INTRUSION

Note: If no intrusions, leave variables IV47-IV86 blank.

	Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
1st	47. <u>1</u> <u>1</u>	48. <u>1</u> <u>7</u>	49. <u>5</u>	50. <u>3</u>
2nd	51. <u>1</u> <u>1</u>	52. <u>φ</u> <u>5</u>	53. <u>4</u>	54. <u>2</u>
3rd	55. <u>1</u> <u>1</u>	56. <u>φ</u> <u>5</u>	57. <u>3</u>	58. <u>3</u>
4th	59. <u>1</u> <u>3</u>	60. <u>φ</u> <u>5</u>	61. <u>3</u>	62. <u>2</u>
5th	63. <u>1</u> <u>1</u>	64. <u>1</u> <u>7</u>	65. <u>3</u>	66. <u>1</u>
6th	67. <u>1</u> <u>3</u>	68. <u>1</u> <u>7</u>	69. <u>3</u>	70. <u>1</u>
7th	71. <u>1</u> <u>3</u>	72. <u>1</u> <u>7</u>	73. <u>2</u>	74. <u>3</u>
8th	75. _____	76. _____	77. _____	78. _____
9th	79. _____	80. _____	81. _____	82. _____
10th	83. _____	84. _____	85. _____	86. _____

LOCATION OF INTRUSION

Front Seat
 (11) Left
 (12) Middle
 (13) Right

Second Seat
 (21) Left
 (22) Middle
 (23) Right

Third Seat
 (31) Left
 (32) Middle
 (33) Right

Fourth Seat
 (41) Left
 (42) Middle
 (43) Right

(97) Catastrophic
 (98) Other enclosed area (specify)

(99) Unknown

INTRUDING COMPONENT

Interior Components

- (01) Steering assembly
- (02) Instrument panel left
- (03) Instrument panel center
- (04) Instrument panel right
- (05) Toe pan
- (06) A (A1/A2)-pillar
- (07) B-pillar
- (08) C-pillar
- (09) D-pillar
- (10) Door panel (side)
- (12) Roof (or convertible top)
- (13) Roof side rail
- (14) Windshield
- (15) Windshield header
- (16) Window frame
- (17) Floor pan (includes sill)
- (18) Backlight header
- (19) Front seat back
- (20) Second seat back
- (21) Third seat back
- (22) Fourth seat back
- (23) Fifth seat back
- (24) Seat cushion
- (25) Back door/panel (e.g., tailgate)
- (26) Other interior component (specify):

- (27) Side panel - forward of the A (A2)-pillar
- (28) Side panel - rear of the A (A2)-pillar

Exterior Components

- (30) Hood
- (31) Outside surface of this vehicle (specify):
- (32) Other exterior object in the environment (specify):
- (33) Unknown exterior object
- (97) Catastrophic
- (98) Intrusion of unlisted component(s) (specify):
- (99) Unknown

MAGNITUDE OF INTRUSION

- (1) ≥ 3 centimeters but < 8 centimeters
- (2) ≥ 8 centimeters but < 15 centimeters
- (3) ≥ 15 centimeters but < 30 centimeters
- (4) ≥ 30 centimeters but < 46 centimeters
- (5) ≥ 46 centimeters but < 61 centimeters
- (6) ≥ 61 centimeters
- (7) Catastrophic
- (9) Unknown

DOMINANT CRUSH DIRECTION

- (1) Vertical
- (2) Longitudinal
- (3) Lateral
- (7) Catastrophic
- (9) Unknown

STEERING RIM/SPOKE DEFORMATION

(All Measurements Are in Centimeters)

COMPARISON VALUE

—

DAMAGE VALUE

=

DEFORMATION

—

=

—

=

0

0

—

=

—

=

STEERING COLUMN87. Steering Column Type 2

- (1) Fixed column
 (2) Tilt column
 (3) Telescoping column
 (4) Tilt and telescoping column
 (8) Other column type (specify):

(9) Unknown

88. Blank X X

(This variable is left blank
 so that numbering consistency
 can be maintained with the
 1988-94 CDS.

89. Blank X X X

(This variable is left blank
 so that numbering consistency
 can be maintained with the
 1988-94 CDS.

90. Blank X X X

(This variable is left blank
 so that numbering consistency
 can be maintained with the
 1988-94 CDS.

91. Blank X X X

(This variable is left blank
 so that numbering consistency
 can be maintained with the
 1988-94 CDS.

92. Steering Rim/Spoke Deformation φ φ

- Code actual measured
 deformation to the nearest centimeter
 (00) No steering rim deformation
 (01-14) Actual measured value in centimeters
 (15) 15 centimeters or more
 (98) Observed deformation cannot be measured
 (99) Unknown

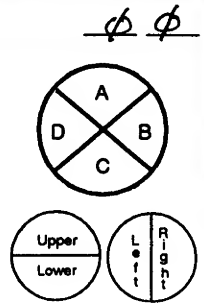
93. Location of Steering Rim/Spoke Deformation φ φ*Quarter Sections*

- (01) Section A
 (02) Section B
 (03) Section C
 (04) Section D

Half Sections

- (05) Upper half of rim/spoke
 (06) Lower half of rim/spoke
 (07) Left half of rim/spoke
 (08) Right half of rim/spoke

- (09) Complete steering wheel collapse
 (10) Undetermined location
 (99) Unknown

**INSTRUMENT PANEL**94. Odometer Reading φ φ 1,000

kilometers—Code to the
 nearest 1,000 kilometers

- (000) No odometer
 (001) Less than 1,500 kilometers
 (500) 499,500 kilometers or more
 (999) Unknown

φ φ φ 782 miles X 1.6093 = φ φ 1.27 φ kilometers

Source: INSPECTION95. Instrument Panel Damage from Occupant Contact? 1

- (0) No
 (1) Yes
 (9) Unknown

96. Knee Bolsters Deformed from Occupant Contact? 8

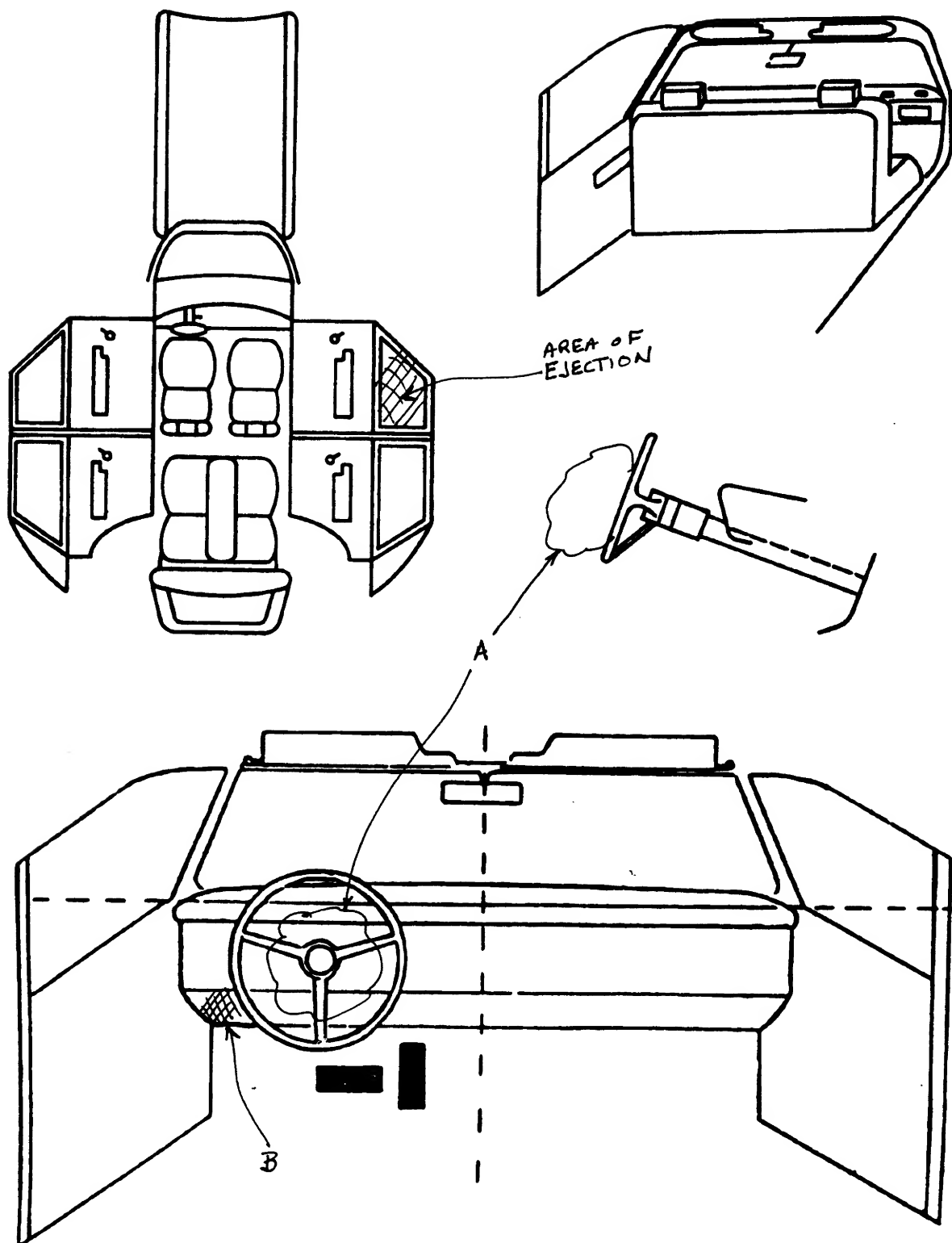
- (0) No
 (1) Yes
 (8) Not present
 (9) Unknown

97. Did Glove Compartment Door Open During Collision(s)? φ

- (0) No
 (1) Yes
 (8) Not present
 (9) Unknown

VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment



Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure).

Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.

Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

POINTS OF OCCUPANT CONTACT

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A	45	01	UPPER TORSO	AIR BAG DEPLOYED	1
B	09	01	LEFT LEG	DEFORMATION	1
C					
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					

CODES FOR INTERIOR COMPONENTS

FRONT

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (16) Driver side air bag compartment cover
- (17) Passenger side air bag compartment cover
- (18) Windshield reinforced by exterior object (specify): _____
- (19) Other front object (specify): _____

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A (A1/A2)-pillar

- (23) Left B-pillar

- (24) Other left pillar (specify): _____

- (25) Left side window glass or frame
- (26) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.

- (27) Other left side object (specify): _____

- (28) Left side window sill

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A (A1/A2)-pillar
- (33) Right B-pillar
- (34) Other right pillar (specify): _____

- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B pillar, or roof side rail.

- (37) Other right side object (specify): _____

- (38) Right side window sill

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar attachment point
- (43) Other restraint system component (specify): _____
- (44) Head restraint system
- (45) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers)

- (46) Other occupants (specify): _____

- (47) Interior loose objects

- (48) Child safety seat (specify): _____

- (49) Other interior object (specify): _____

ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

FLOOR

- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

REAR

- (60) Backlight (rear window)
- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify): _____

CONFIDENCE LEVEL OF CONTACT POINT

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

AUTOMATIC RESTRAINTS

NOTES: Encode the data for each applicable front seat position. The attribute for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

AIR BAGS

		Left	Right
F I R S T	Availability/Function	/	ϕ
	Deployment	/	ϕ
	Failure	/	ϕ

Air Bag System Availability/Function

- (0) Not equipped/not available
- (1) Air bag

Non-functional

- (2) Air bag disconnected (specify): _____
- (3) Air bag not reinstalled
- (9) Unknown

Air Bag System Deployment

- (0) Not equipped/not available
- (1) Air bag deployed during accident (as a result of impact)
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (9) Unknown

Are There Indications of Air Bag System Failure?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): _____
- (9) Unknown

AUTOMATIC BELTS

		Left	Right
F I R S T	Availability/Function	ϕ	ϕ
	Use	ϕ	ϕ
	Type	ϕ	ϕ
	Proper Use	ϕ	ϕ
	Failure Modes	ϕ	ϕ

Automatic (Passive) Belt System Availability/Function

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative)
- (3) Automatic belt use unknown
- (9) Unknown

Automatic (Passive) Belt System Type

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

Proper Use of Automatic (Passive) Belt System

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____
- (8) Other improper use of automatic belt system (specify): _____
- (9) Unknown

Automatic (Passive) Belt Failure Modes During Accident

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____
- (6) Broken retractor
- (7) Combination of above (specify): _____
- (8) Other automatic belt failure (specify): _____
- (9) Unknown

MANUAL RESTRAINTS

NOTES: Encode the applicable data for **each seat position** in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

If a Child safety seat is present, encode the data on the back of this page.

If the vehicle has automatic restraints available, encode the appropriate data on the back of the previous page.

		Left	Center	Right
F I R S T	Availability	4	φ	4
	Evidence of usage	NONE	—	NONE
	Used in this crash?	φφ	φφ	φφ
	Proper Use	φ	φ	φ
	Failure Modes	φ	φ	φ
S E C O N D	Availability	4	3	4
	Evidence of usage	NONE	NONE	NONE
	Used in this crash?	φφ	φφ	φφ
	Proper Use	φ	φ	φ
	Failure Modes	φ	φ	φ
O T H E R	Availability			
	Evidence of usage			
	Used in this crash?			
	Proper Use			
	Failure Modes			

Manual (Active) Belt System Availability

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available - type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): _____

(9) Unknown

Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperable (specify): _____
- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used - type unknown
- (08) Other belt used (specify): _____
- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat - type unknown
- (18) Other belt used with child safety seat (specify): _____
- (99) Unknown if belt used

Proper Use of Manual (Active) Belts

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of manual belt system (specify): _____

(9) Unknown

Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____
- (6) Broken retractor
- (7) Combination of above (specify): _____
- (8) Other manual belt failure (specify): _____
- (9) Unknown

CHILD SAFETY SEAT FIELD ASSESSMENT

When a child safety seat is present enter the occupant's number in the first row and complete the column below the occupant's number using the codes listed below. Complete a column for each child safety seat present.

Occupant Number						
1. Type of Child Safety Seat						
2. Child Safety Seat Orientation						
3. Child Safety Seat Harness Usage				0		
4. Child Safety Seat Shield Usage						
5. Child Safety Seat Tether Usage						
6. Child Safety Seat Make/Model		Specify Below for Each Child Safety Seat				

1. Type of Child Safety Seat

- (0) No child safety seat
- (1) Infant seat
- (2) Toddler seat
- (3) Convertible seat
- (4) Booster seat
- (7) Other type child safety seat (specify):

- (8) Unknown child safety seat type
- (9) Unknown if child safety seat used

2. Child Safety Seat Orientation

- (00) No child safety seat

Designed for Rear Facing for This Age/Weight

- (01) Rear facing
- (02) Forward facing
- (08) Other orientation (specify):

- (09) Unknown orientation

Designed for Forward Facing for This Age/Weight

- (11) Rear facing
- (12) Forward facing
- (18) Other orientation (specify):

- (19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

- (21) Rear facing
- (22) Forward facing
- (28) Other orientation (specify):

- (29) Unknown orientation

- (99) Unknown if child safety seat used

3. Child Safety Seat Harness Usage

4. Child Safety Seat Shield Usage

5. Child Safety Seat Tether Usage

Note: Options Below Are Used for Variables 3-5.

- (00) No child safety seat

Not Designed with Harness/Shield/Tether

- (01) After market harness/shield/tether added, not used
- (02) After market harness/shield/tether used
- (03) Child safety seat used, but no after market harness/shield/tether added
- (09) Unknown if harness/shield/tether added or used

Designed With Harness/Shield/Tether

- (11) Harness/shield/tether not used
- (12) Harness/shield/tether used
- (19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

- (21) Harness/shield/tether not used
- (22) Harness/shield/tether used
- (29) Unknown if harness/shield/tether used

- (99) Unknown if child safety seat used

6. Child Safety Seat Make/Model

(Specify make/model and occupant number)

HEAD RESTRAINTS/SEAT EVALUATION

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
F I R S T	Head Restraint Type/Damage	3	φ	3
	Seat Type	φ2	φφ	φ2
	Seat Performance	6	φ	6
	Seat Orientation	1	φ	1
S E C O N D	Head Restraint Type/Damage	φ	φ	φ
	Seat Type	φ5	φ5	φ5
	Seat Performance	1	1	1
	Seat Orientation	1	1	1
T H I R D	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			
O T H E R	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			

Head Restraint Type/Damage by Occupant at This Occupant Position

- (0) No head restraints
- (1) Integral — no damage
- (2) Integral — damaged during accident
- (3) Adjustable — no damage
- (4) Adjustable — damaged during accident
- (5) Add-on — no damage
- (6) Add-on — damaged during accident
- (8) Other Specify: _____
- (9) Unknown

Seat Type (this Occupant Position)

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify): _____
- (10) Box mounted seat (i.e., van type)
- (99) Unknown

Seat Performance (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed specify: _____
- (4) Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): FLOOR AND SILL
- (7) Combination of above (specify): _____
- (8) Other (specify): _____
- (9) Unknown

Seat Orientation (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify): _____
- (9) Unknown

DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE (I.E., UNUSUAL OCCUPANT CONTACT PATTERN)

EJECTION/ENTRAPMENT DATA

Complete the following if the researcher has any indication that an occupant was either ejected from or entrapped in the vehicle. Code the appropriate data on the Occupant Assessment Form.

EJECTION No [] Yes [☒]

Describe indications of ejection and body parts involved in partial ejection(s):

OCCUPANT'S HEAD AND UPPER TORSO WAS PINNED UNDER THE RIGHT SIDE OF
VEHICLE AT FRP.

Occupant Number	01					
Ejection	2					
(Note on Vehicle Interior Sketch) Ejection Area	3					
Ejection Medium	4					
Medium Status	2					

Ejection

- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, Unknown degree
- (9) Unknown

Ejection Area

- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear

(7) Roof

- (8) Other area (e.g., back of pickup, etc.) (specify):

(9) Unknown

Ejection Medium

- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify):

R/F DOOR GLAZING

(5) Integral structure

- (8) Other medium (specify):

(9) Unknown

Medium Status (Immediately Prior to Impact)

- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

ENTRAPMENT No [☒] Yes []

Describe entrapment mechanism:

Component(s):

(Note in vehicle interior diagram)

National Highway Traffic Safety
Administration

OCCUPANT ASSESSMENT FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

OCCUPANT'S SEATING

1. Primary Sampling Unit Number _____
2. Case Number - Stratum DSI-94-AB-003
3. Vehicle Number 02
4. Occupant Number 01

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 24
Code actual age at time of accident.
(00) Less than one year old (specify by month): _____
(97) 97 years and older
(99) Unknown

6. Occupant's Sex 1
(1) Male
(2) Female
(9) Unknown

7. Occupant's Height 999
Code actual height to the nearest
centimeter.
(999) Unknown
_____ inches X 2.54 = _____ centimeters

8. Occupant's Weight 999
Code actual weight to the nearest
kilogram.
(999) Unknown
_____ pounds X .4536 = _____ kilograms

9. Occupant's Role 1
(1) Driver
(2) Passenger
(9) Unknown

10. Occupant's Seat Position 11
Front Seat
(11) Left side
(12) Middle
(13) Right side
(14) Other (specify): _____
(15) On or in the lap of another occupant

- Second Seat*
(21) Left side
(22) Middle
(23) Right side
(24) Other (specify): _____
(25) On or in the lap of another occupant

- Third Seat*
(31) Left side
(32) Middle
(33) Right side
(34) Other (specify): _____
(35) On or in the lap of another occupant

- Fourth Seat*
(41) Left side
(42) Middle
(43) Right side
(44) Other (specify): _____
(45) On or in the lap of another occupant

- (97) In or on unenclosed area
(98) Other seat (specify): _____
(99) Unknown

11. Occupant's Posture 0
(0) Normal posture

- Abnormal posture*
(1) Kneeling or standing on seat
(2) Lying on or across seat
(3) Kneeling, standing or sitting in front of seat
(4) Sitting sideways or turned to talk with another occupant or to look out a rear window
(5) Sitting on a console
(6) Lying back in a reclined seat position
(7) Bracing with feet or hands on a surface in front of seat
(8) Other abnormal posture (specify): _____
(9) Unknown

EJECTION/ENTRAPMENT

12. Ejection

2

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area

3

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

14. Ejection Medium

4

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify):
R/F DOOR GLAZING
- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

15. Medium Status (Immediately Prior To Impact) 2

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment 0

- (NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)
- (0) Not entrapped
 - (1) Entrapped
 - (9) Unknown

RESTRAINT SYSTEM EVALUATION

17. Manual (Active) Belt System Availability 4

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): _____

(9) Unknown _____

18. Manual (Active) Belt System Use φ φ

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): _____

(02) Shoulder belt _____

(03) Lap belt _____

(04) Lap and shoulder belt _____

(05) Belt used—type unknown _____

(08) Other belt used (specify): _____

(12) Shoulder belt used with child safety seat _____

(13) Lap belt used with child safety seat _____

(14) Lap and shoulder belt used with child safety seat _____

(15) Belt used with child safety seat—type unknown _____

(18) Other belt used with child safety seat (specify): _____

(99) Unknown if belt used _____

19. Proper Use of Manual (Active) Belts φ

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of manual belt system (specify): _____

(9) Unknown _____

20. Manual (Active) Belt Failure Modes During Accident φ

- (0) No manual belt used
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

(6) Broken retractor _____

(7) Combination of above (specify): _____

(8) Other manual belt failure (specify): _____

(9) Unknown _____

21. Air Bag System Availability/Function 1

- (0) Not equipped/not available
- (1) Air bag

Non-functional

(2) Air bag disconnected (specify): _____

(3) Air bag not reinstalled _____

(9) Unknown _____

22. Air Bag System Deployment 1

- (0) Not equipped/not available
- (1) Air bag deployed during accident (as a result of impact)
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (9) Unknown

23. Are There Indications of Air Bag System Failure? 1

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): _____

(9) Unknown _____

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

24. Police Reported Restraint Use 1

- (0) None used
- (1) Police did not indicate restraint use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Other or automatic restraint (specify): AIR BAG
- (8) Restrained, type unknown
- (9) Police indicated "unknown"

HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage by Occupant at This Occupant Position 3

- (0) No head restraints
- (1) Integral—no damage
- (2) Integral—damaged during accident
- (3) Adjustable—no damage
- (4) Adjustable—damaged during accident
- (5) Add-on—no damage
- (6) Add-on—damaged during accident
- (8) Other (specify): _____
- (9) Unknown

26. Seat Type (this Occupant Position) φ 2

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify): _____
- (10) Box mounted seat (i.e., van type)
- (99) Unknown

27. Seat Performance (this Occupant Position) 6

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed (specify): _____
- (4) Seat track/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): FLOOR AND SILL
- (7) Combination of above (specify): _____
- (8) Other (specify): _____
- (9) Unknown

CHILD SAFETY SEAT

28. Child Safety Seat Make/Model φ φ φ

(000) No child safety seat

Applicable codes are found in your NASS CDS
Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

29. Type of Child Safety Seat φ

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

30. Child Safety Seat Orientation φ φ

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

*Unknown Design or Orientation For This
Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage φ φ32. Child Safety Seat Shield Usage φ φ33. Child Safety Seat Tether Usage φ φNote: Options below applicable to
Variables OA31-OA33.

(00) No child safety seat

Not Designed With Harness/Shield/Tether(01) After market harness/shield/tether
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market
harness/shield/tether added(09) Unknown if harness/shield/tether
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES34. Injury Severity (Police Rating) 4

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

35. Treatment - Mortality 1

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (8) Treatment - other (specify):

(9) Unknown

36. Type Of Medical Facility (for Initial Treatment) 1

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

(9) Unknown

37. Hospital Stay φ φ

- (00) Not Hospitalized

Code the number of days (up through 60) that the occupant stayed in hospital.

- (61) 61 days or more
- (99) Unknown

99. Case Occupant φ

- (0) Not Case Occupant
- (1) This is the Case Occupant
- (2) This is the Case Occupant in another case

38. Working Days Lost 6 2

- Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
 - (61) 61 days or more
 - (62) Fatally injured
 - (97) Not working prior to accident
 - (99) Unknown

STOP - GO TO VARIABLE 44 ON PAGE 7**VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER**39. Time to Death φ 3

- Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)
- (00) Not fatal
 - (96) Fatal - ruled disease
 - (99) Unknown

40. 1st Medically Reported Cause of Death φ 141. 2nd Medically Reported Cause of Death φ φ42. 3rd Medically Reported Cause of Death φ φ

- Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
- (00) Not fatal or no additional causes
 - (96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

43. Number of Recorded Injuries for This Occupant 1 1

- Code the actual number of injuries recorded for this occupant.
- (00) No recorded injuries
 - (97) Injured, details unknown
 - (99) Unknown if injured

AUTOMATIC BELT SYSTEM44. Automatic (Passive) Belt System Availability/Function ϕ

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

45. Automatic (Passive) Belt System Use ϕ

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): _____
- (3) Automatic belt use unknown
- (9) Unknown

46. Automatic (Passive) Belt System Type ϕ

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

47. Proper Use of Automatic (Passive) Belt System ϕ

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____

- (8) Other improper use of automatic belt system (specify): _____
- (9) Unknown

48. Automatic (Passive) Belt Failure Modes During Accident ϕ

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____
- (6) Broken retractor
- (7) Combination of above (specify): _____
- (8) Other automatic belt failure (specify): _____
- (9) Unknown

49. Seat Orientation (this Occupant Position) 1

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify): _____
- (9) Unknown

Check the Primary Source Used In Determining Belt Use.

- [] Not equipped/not available/destroyed or rendered inoperative
- [X] Vehicle inspection
- [] Official injury data
- [] Driver/occupant interview
- [] Other (specify): _____
- [] Unknown if belt used

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION?

NO [X] YES []

UPDATE CANDIDATE?

NO [X] YES []

STOP - VARIABLES 50 THROUGH 53 ARE COMPLETED BY THE ZONE CENTER**TRAUMA DATA**

50. Glasgow Coma Scale (GCS) Score ϕ 3
(at Medical Facility)
(00) Not injured
(01) Injured - not treated at medical facility
(02) No GCS Score at medical facility
(03-15) Code the actual value of the initial GCS Score recorded at medical facility.
(97) Injured, details unknown
(99) Unknown if injured
51. Was the Occupant Given Blood? 9
(1) No - blood not given
(2) Yes - blood given
(specify units): _____
(9) Unknown if blood given
52. Arterial Blood Gases (ABG) - HCO_3 ϕ 1
(00) Not injured
(01) Injured, ABGs not measured or reported
(02-50) Code the actual value of the HCO_3
(96) ABGs reported, HCO_3 unknown
(97) Injured, details unknown
(99) Unknown if injured

BELT USE DETERMINATION

53. Primary Source of Belt Use Determination 1
(0) Not equipped/not available/destroyed or rendered inoperative
(1) Vehicle inspection
(2) Official injury data
(3) Driver/occupant interview
(8) Other (specify): _____
(9) Unknown if belt used

National Highway Traffic Safety
Administration

OCCUPANT INJURY FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM1. Primary Sampling Unit Number _____
2. Case Number - Stratum DSI-94-AB-0033. Vehicle Number 02
4. Occupant Number 01

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

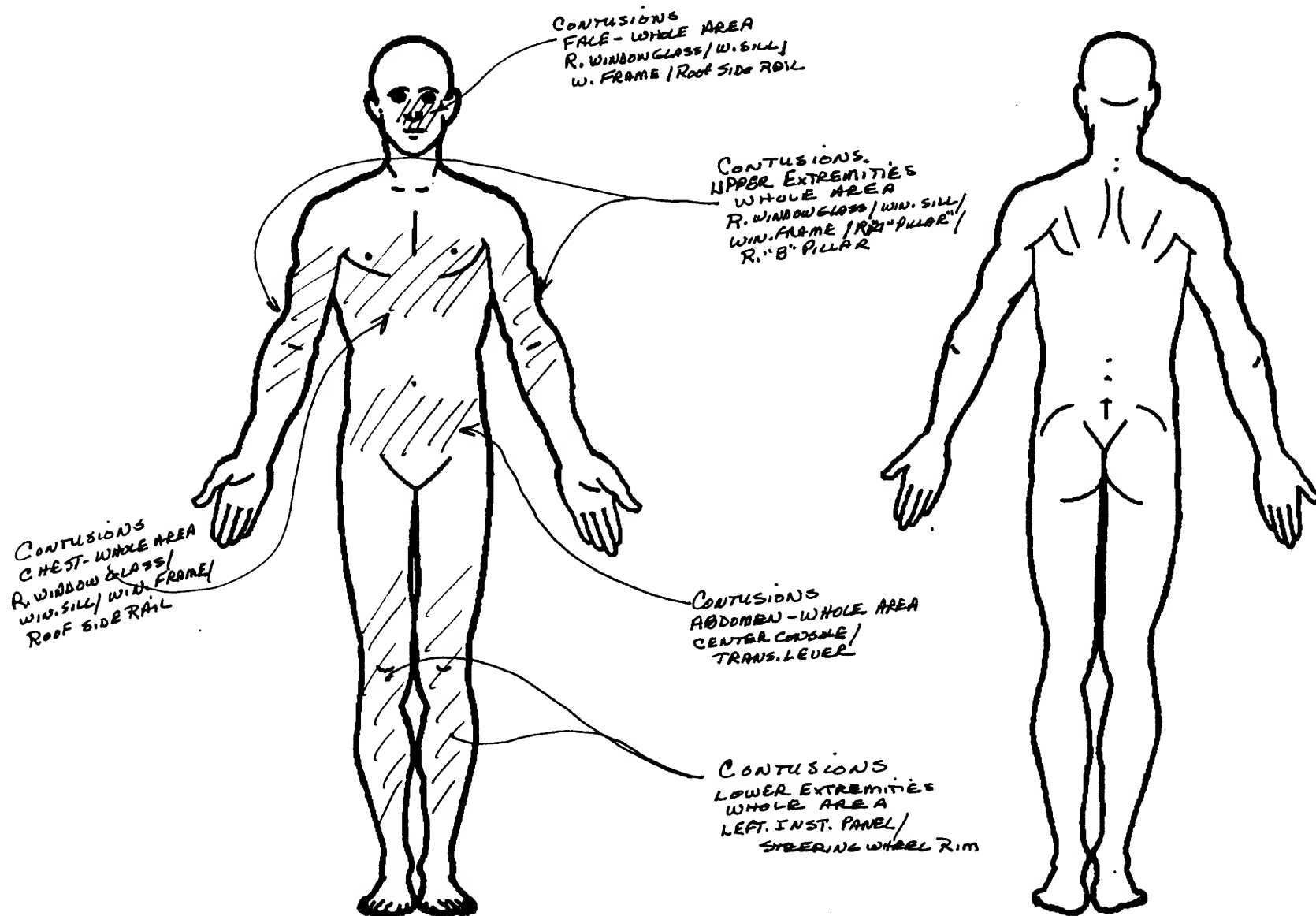
A.I.S. - 90

	Source of Injury Data	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number	ICD-9
1st	5. <u>2</u>	6. <u>4</u>	7. <u>2</u>	8. <u>02</u>	9. <u>10</u>	10. <u>5</u>	11. <u>4</u>	12. <u>67</u>	13. <u>1</u>	14. <u>1</u>	15. <u>00</u>	<u>901.4</u>
2nd	16. <u>2</u>	17. <u>4</u>	18. <u>4</u>	19. <u>22</u>	20. <u>02</u>	21. <u>3</u>	22. <u>2</u>	23. <u>67</u>	24. <u>1</u>	25. <u>1</u>	26. <u>00</u>	<u>860.4</u>
3rd	27. <u>2</u>	28. <u>5</u>	29. <u>4</u>	30. <u>16</u>	31. <u>14</u>	32. <u>3</u>	33. <u>9</u>	34. <u>67</u>	35. <u>1</u>	36. <u>1</u>	37. <u>00</u>	<u>866.0</u>
4th	38. <u>2</u>	39. <u>5</u>	40. <u>4</u>	41. <u>42</u>	42. <u>40</u>	43. <u>3</u>	44. <u>2</u>	45. <u>67</u>	46. <u>1</u>	47. <u>1</u>	48. <u>00</u>	<u>865.4</u>
5th	49. <u>2</u>	50. <u>5</u>	51. <u>4</u>	52. <u>08</u>	53. <u>20</u>	54. <u>2</u>	55. <u>8</u>	56. <u>67</u>	57. <u>1</u>	58. <u>1</u>	59. <u>00</u>	<u>863.42</u>
6th	60. <u>2</u>	61. <u>5</u>	62. <u>4</u>	63. <u>18</u>	64. <u>20</u>	65. <u>2</u>	66. <u>1</u>	67. <u>67</u>	68. <u>1</u>	69. <u>1</u>	70. <u>00</u>	<u>864.0</u>
7th	71. <u>2</u>	72. <u>2</u>	73. <u>9</u>	74. <u>04</u>	75. <u>02</u>	76. <u>1</u>	77. <u>0</u>	78. <u>36</u>	79. <u>1</u>	80. <u>1</u>	81. <u>00</u>	<u>920</u>
8th	82. <u>2</u>	83. <u>7</u>	84. <u>9</u>	85. <u>04</u>	86. <u>02</u>	87. <u>1</u>	88. <u>3</u>	89. <u>36</u>	90. <u>1</u>	91. <u>1</u>	92. <u>00</u>	<u>923.8</u>
9th	93. <u>2</u>	94. <u>4</u>	95. <u>9</u>	96. <u>04</u>	97. <u>02</u>	98. <u>1</u>	99. <u>0</u>	100. <u>36</u>	101. <u>1</u>	102. <u>1</u>	103. <u>00</u>	<u>922.8</u>
10th	104. <u>2</u>	105. <u>5</u>	106. <u>9</u>	107. <u>04</u>	108. <u>02</u>	109. <u>1</u>	110. <u>0</u>	111. <u>57</u>	112. <u>1</u>	113. <u>1</u>	114. <u>00</u>	<u>922.8</u>

		A.I.S. - 90						Injury Source	Injury Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number	ICD-
	Source of Injury Data	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source				
11th	<u>2</u>	<u>B</u>	<u>9</u>	<u>ø 4</u>	<u>ø 2</u>	<u>1</u>	<u>3</u>	<u>ø 9</u>	<u>1</u>	<u>1</u>	<u>ø ø</u>	<u>924.4</u>
12th	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —	
13th	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —	
14th	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —	
15th	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —	
16th	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —	
17th	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —	
18th	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —	
19th	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —	
20th	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —	
21st	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —	
22nd	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —	
23rd	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —	
24th	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —	
25th	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —	

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



SOURCE OF INJURY DATA

OFFICIAL

- (1) Autopsy records with or without hospital/medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): _____
- (9) Police

INJURY SOURCE

FRONT

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (16) Driver side air bag compartment cover
- (17) Passenger side air bag compartment cover
- (18) Windshield reinforced by exterior object (specify): _____
- (19) Other front object (specify): _____

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A (A1/A2)-pillar
- (23) Left B-pillar
- (24) Other left pillar (specify): _____

- (25) Left side window glass or frame
- (26) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (27) Other left side object (specify): _____

- (28) Left side window sill

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A (A1/A2)-pillar
- (33) Right B-pillar
- (34) Other right pillar (specify): _____

- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (37) Other right side object (specify): _____

- (38) Right side window sill

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar or door frame attachment point
- (43) Other restraint system component (specify): _____
- (44) Head restraint system
- (45) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers)
- (46) Other occupants (specify): _____
- (47) Interior loose objects
- (48) Child safety seat (specify): _____
- (49) Other interior object (specify): _____

ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

FLOOR

- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

REAR

- (60) Backlight (rear window)

- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify): _____

EXTERIOR of OCCUPANT'S VEHICLE

- (65) Hood
- (66) Outside hardware (e.g., outside mirror, antenna)
- (67) Other exterior surface or tires (specify): R. Front Door / Rear F
- (68) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (70) Front bumper
- (71) Hood edge
- (72) Other front of vehicle (specify): _____

- (73) Hood
- (74) Hood ornament
- (75) Windshield, roof rail, A-pillar
- (76) Side surface
- (77) Side mirrors
- (78) Other side protrusions (specify): _____

- (79) Rear surface
- (80) Undercarriage
- (81) Tires and wheels
- (82) Other exterior of other motor vehicle (specify): _____

- (83) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (84) Ground
- (85) Other vehicle or object (specify): _____
- (86) Unknown vehicle or object

NONCONTACT INJURY

- (90) Fire in vehicle
- (91) Flying glass
- (92) Other noncontact injury source (specify): _____
- (93) Air bag exhaust gases
- (97) Injured, unknown source

INJURY SOURCE CONFIDENCE LEVEL

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

DIRECT/INDIRECT INJURY

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

OCCUPANT INJURY CLASSIFICATION

Body Region

- (1) Head
- (2) Face
- (3) Neck
- (4) Thorax
- (5) Abdomen
- (6) Spine
- (7) Upper Extremity
- (8) Lower Extremity
- (9) Unspecified

Type of Anatomic Structure

- (1) Whole Area
- (2) Vessels
- (3) Nerves
- (4) Organs (includes muscles/ligaments)
- (5) Skeletal (includes joints)
- (6) Head - LOC
- (9) Skin

Specific Anatomic Structure

Whole Area

- (02) Skin - Abrasion
- (04) Skin - Contusion
- (06) Skin - Laceration
- (08) Skin - Avulsion
- (10) Amputation
- (20) Burn
- (30) Crush
- (40) Degloving
- (50) Injury - NFS
- (90) Trauma, other than mechanical

Head - LOC

- (02) Length of LOC
- (04, 06, 08) Level of Consciousness
- (10) Concussion

Spine

- (02) Cervical
- (04) Thoracic
- (06) Lumbar

Vessels, Nerves, Organs, Bones, Joints are assigned consecutive two digit numbers beginning with 02

Level of Injury

Specific injuries are assigned consecutive two-digit numbers beginning with 02.

To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.

Abbreviated Injury Scale

- (1) Minor injury
- (2) Moderate injury
- (3) Serious injury
- (4) Severe injury
- (5) Critical injury
- (6) Maximum (untreatable)
- (7) Injured, unknown severity

Aspect

- (1) Right
- (2) Left
- (3) Bilateral
- (4) Central
- (5) Anterior
- (6) Posterior
- (7) Superior
- (8) Inferior
- (9) Unknown
- (0) Whole region

OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

☒ No

☐ Yes

Blood Alcohol Level
(mg/dl)

BAL = .15

Glasgow Coma
Scale Score

GCSS = 3

Units of Blood
Given

Units = UNK

Arterial Blood Gases

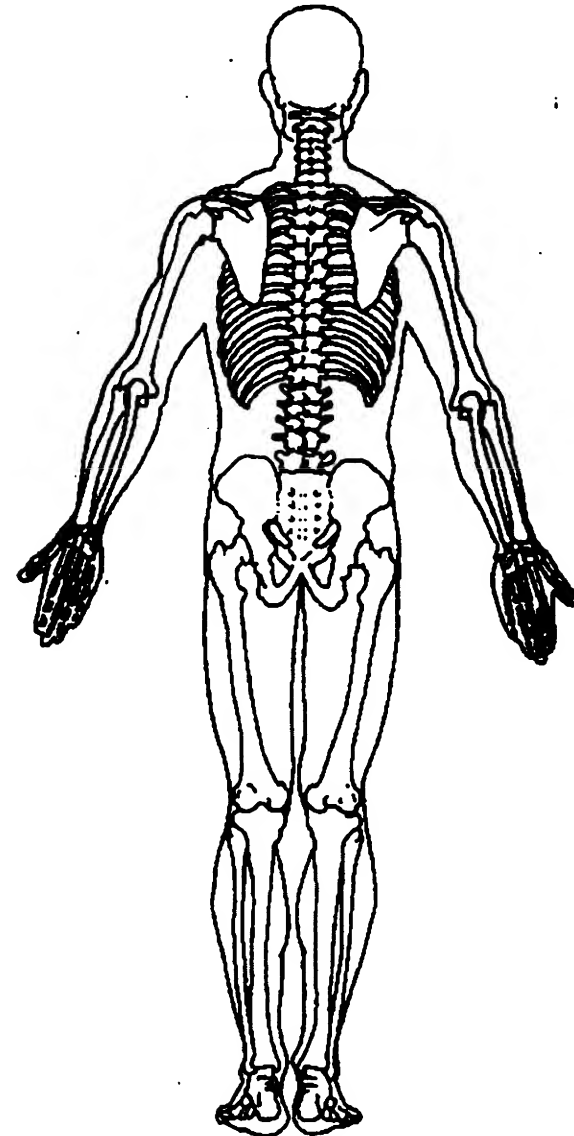
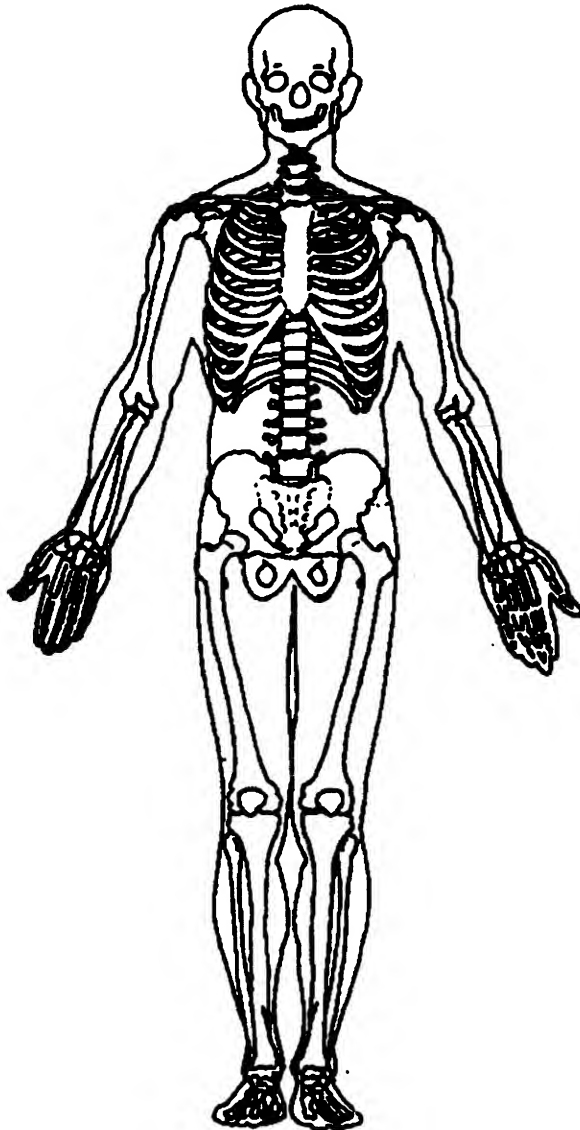
pH = —

PO₂ = —

PCO₂ = —

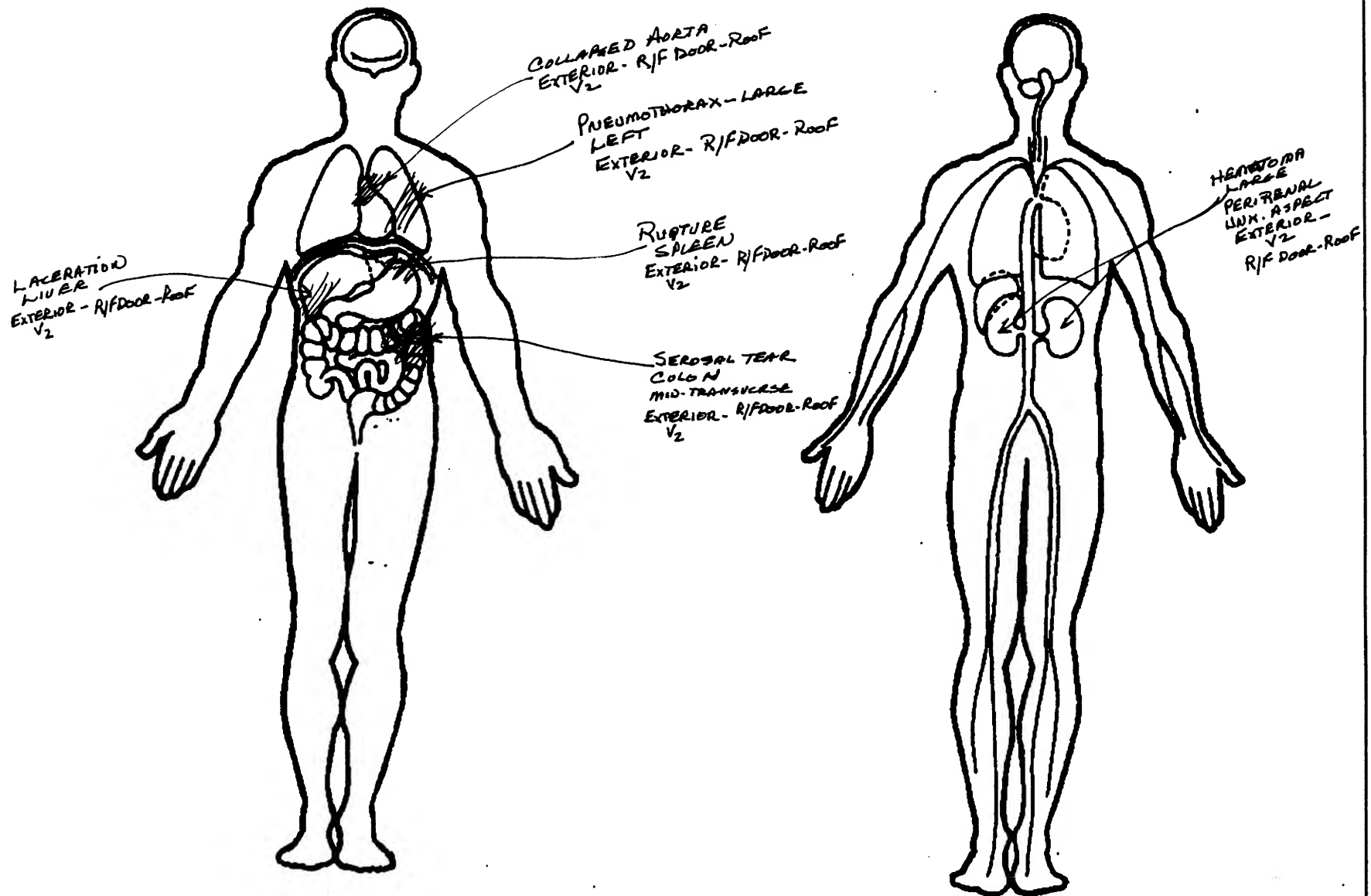
HCO₃ = —

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



OFFICIAL INJURY DATA — INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



DSI-94-AB-003

SUMMARY OF CRASHPC RESULTS (USING SPINOUT)

CRASH3 RECONSTRUCTION

SPEED CHANGE (DAMAGE)		TOTAL(KPH)	LONG.(KPH)	LAT.(KPH)	ANG.(DEG)
	VEH #1	63.8	-63.6	5.6	-5.0
	VEH #2	64.2	-64.0	5.6	-5.0

ENERGY DISSIPATED BY DAMAGE VEH#1:246338.9 JOULES VEH#2:185667.7 JOULES

SUMMARY OF DAMAGE DATA
VEHICLE # 1

(* INDICATES DEFAULT VALUE)
VEHICLE # 2

TYPE-----CATEGORY 1
STIFFNESS---CATEGORY 1
WEIGHT----- 1263.3 KGS
CDC-----12FYEW6
L----- 152.4 CM.
C1----- 132.8 CM.
C2----- 118.4 CM.
C3----- 98.0 CM.
C4----- 59.4 CM.
C5----- 25.7 CM.
C6----- 7.1 CM.
D----- -26.2 CM.
RHO----- 1.00 *
ANG----- -5.0 DEG.
D'----- -50.3 CM.

TYPE-----CATEGORY 2
STIFFNESS---CATEGORY 9
WEIGHT----- 1255.1 KGS
CDC-----12FYEW5
L----- 152.4 CM.
C1----- 121.4 CM.
C2----- 99.8 CM.
C3----- 77.5 CM.
C4----- 53.3 CM.
C5----- 29.7 CM.
C6----- 15.5 CM.
D----- -25.4 CM.
RHO----- 1.00 *
ANG----- -5.0 DEG.
D'----- -46.9 CM.

DIMENSIONS AND INERTIAL PROPERTIES

A1 = 114.6 CM.
B1 = 122.2 CM.
TR1 = 129.8 CM.
I1 = 164113.9 NEWT-SEC**2-CM
M1 = 12.681 NEWT-SEC**2/CM
XF1 = 193.0 CM.
XR1 = -212.9 CM.
YS1 = 77.2 CM.

A2 = 117.6 CM.
B2 = 127.3 CM.
TR2 = 138.7 CM.
I2 = 239865.4 NEWT-SEC**2-CM
M2 = 12.599 NEWT-SEC**2/CM
XF2 = 211.6 CM.
XR2 = -232.7 CM.
YS2 = 85.3 CM.

DSI-94-AB-003

SUMMARY OF CRASHPC RESULTS (USING SPINOUT)

CRASH3 RECONSTRUCTION

SPEED CHANGE (DAMAGE)		TOTAL(MPH)	LONG.(MPH)	LAT.(MPH)	ANG.(DEG)
	VEH #1	39.6	-39.4	3.4	-5.0
	VEH #2	39.8	-39.7	3.5	-5.0

ENERGY DISSIPATED BY DAMAGE VEH#1:181665.9 FT-LB VEH#2:136052.7 FT-LB

SUMMARY OF DAMAGE DATA
VEHICLE # 1

(* INDICATES DEFAULT VALUE)
VEHICLE # 2

TYPE-----CATEGORY 1
STIFFNESS---CATEGORY 1
WEIGHT----- 2785.0 LBS.
CDC-----12FYEW6
L----- 60.0 IN.
C1----- 52.3 IN.
C2----- 46.6 IN.
C3----- 38.6 IN.
C4----- 23.4 IN.
C5----- 10.1 IN.
C6----- 2.8 IN.
D----- -10.3
RHO----- 1.00 *
ANG----- -5.0 DEG.
D'----- -19.8 IN.

TYPE-----CATEGORY 2
STIFFNESS---CATEGORY 9
WEIGHT----- 2767.0 LBS.
CDC-----12FYEW5
L----- 60.0 IN.
C1----- 47.8 IN.
C2----- 39.3 IN.
C3----- 30.5 IN.
C4----- 21.0 IN.
C5----- 11.7 IN.
C6----- 3.4 IN.
D----- -10.0
RHO----- 1.00 *
ANG----- -5.0 DEG.
D'----- -18.8 IN.

DIMENSIONS AND INERTIAL PROPERTIES

A1	=	45.1	IN.	A2	=	46.3	IN.
B1	=	48.1	IN.	B2	=	50.1	IN.
TR1	=	51.1	IN.	TR2	=	54.6	IN.
I1	=	14526.0	LB-SEC**2-IN	I2	=	21230.9	LB-SEC**2-IN
M1	=	7.241	LB-SEC**2/IN	M2	=	7.194	LB-SEC**2/IN
XF1	=	76.0	IN.	XF2	=	83.3	IN.
XR1	=	-83.8	IN.	XR2	=	-91.6	IN.
YS1	=	30.4	IN.	YS2	=	33.6	IN.



CRASHPC PROGRAM SUMMARY

(All Measurements in Metric)

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Identifying Title			
Primary Sampling Unit	Case No.-Stratum	Accident Event Sequence No.	Date (Month, day, year) of Run
	DSI-94-AB-003	01	9 4

CRASHPC Vehicle Identification				
Vehicle 1	1991	CHEVROLET	GEO STORM	01
Vehicle 2	1994	DODGE	SHADOW ES	02
	Year	Make	Model	NASS Veh. No.

GENERAL INFORMATION				
VEHICLE 1			VEHICLE 2	
Size	1		Size	2
Weight			Weight	
1075 + 180 + 0 = 1263 kg			1183 + 72 + 0 = 1255 kg	
Curb	Occupant(s)	Cargo	Curb	Occupant(s) Cargo
CDC	9 2 F Y E W 6		CDC	9 2 F Y E W 5
PDOF (-180 to +180)	0 0 0 5 °		PDOF (-180 to +180)	0 0 0 5 °
Stiffness	1		Stiffness	9

SCENE INFORMATION				
Rest and Impact Positions [] No, Go To Damage Information [] Yes				
VEHICLE 1			VEHICLE 2	
Rest Position	X	_____ m	Rest Position	X _____ m
	Y	_____ m		Y _____ m
	PSI	_____ °		PSI _____ °
Impact Position	X	_____ m	Impact Position	X _____ m
	Y	_____ m		Y _____ m
	PSI	_____ °		PSI _____ °
Slip Angle(-180 to +180)	_____ °		Slip Angle (-180 to +180)	_____ °

VEHICLE MOTION				
Sustained Contact [] No [] Yes				
VEHICLE 1			VEHICLE 2	
Skidding (Rotation) [] No [] Yes			Skidding (Rotation) [] No [] Yes	
Skidding Stop Before Rest [] No [] Yes			Skidding Stop Before Rest [] No [] Yes	
End of Rotation Position	X	_____ m	End of Rotation Position	X _____ m
	Y	_____ m		Y _____ m
	PSI	_____ °		PSI _____ °
Curved Path [] No [] Yes			Curved Path [] No [] Yes	
Point on Path	X	_____ m	Point on Path	X _____ m
	Y	_____ m		Y _____ m
Rotation Direction [] None [] CW [] CCW			Rotation Direction [] None [] CW [] CCW	
Rotation >360° [] No [] Yes			Rotation >360° [] No [] Yes	

National Accident Sampling System-Crashworthiness Data System: CRASHPC Program Summary

FRICTION INFORMATION

Coefficient of Friction _____
Rolling Resistance Option _____

Vehicle 1 Rolling Resistance

LF _____ RF _____
LR _____ RR _____

Vehicle 2 Rolling Resistance

LF _____ RF _____
LR _____ RR _____

TRAJECTORY INFORMATION

Trajectory Data ☐ No ☐ Yes

If No, Go To Damage Information

Vehicle 1 Steer Angles

LF _____ ° RF _____ °
LR _____ ° RR _____ °

Vehicle 2 Steer Angles

LF _____ ° RF _____ °
LR _____ ° RR _____ °

Terrain Boundary ☐ No ☐ Yes

First Point

X _____ m Y _____ m

Second Point

X _____ m Y _____ m

Secondary Coefficient of Friction _____

DAMAGE INFORMATION

VEHICLE 1

Damage Length L 1 5 2 cm

Crush Depths
C₁ 1 3 3 cm
C₂ 1 1 8 cm
C₃ 0 9 8 cm
C₄ 0 5 9 cm
C₅ 0 2 6 cm
C₆ 0 0 7 cm

Damage Offset D 0 2 6 cm

VEHICLE 2

Damage Length L 1 5 2 cm

Crush Depths
C₁ 1 2 1 cm
C₂ 1 0 0 cm
C₃ 0 7 7 cm
C₄ 0 5 3 cm
C₅ 0 3 0 cm
C₆ 0 1 5 cm

Damage Offset D 0 2 5 cm

IF THIS COMMON IMPACT WAS WITH A MOTOR VEHICLE *NOT IN TRANSPORT*, FILL IN THE INFORMATION BELOW.

Model Year: _____

Make: _____

Model: _____

VIN: _____

The Weight, CDC, Scene Data and Damage Information for this vehicle should be recorded above.

Complete and ATTACH the appropriate vehicle damage sketch and dimensions to the Form.

AIRBAG SUPPLEMENT - CASE VEHICLE

1

ACCIDENT SUMMARY

1. Accident Date [REDACTED] 94
2. Police Investigated 1
- (1) Yes
- (2) No
- (3) Unknown
- Agency: STATE POLICE
- City:
- County:
3. General Locality 3
- (1) Freeway, Limited Access
- (2) Urban (City)
- (3) Urban-Rural (mixed)
- (4) Rural, Fields
4. Configuration (First Harm) 2
- (0) Struck Object or Ped
- (1) Rear-End
- (2) Head-On
- (3) Rear-to-Rear
- (4) Angle
- (5) Sideswipe-Same Direction
- (6) Sideswipe-Opposite Dir.
- (7) Noncollision
- (8) Nonimpact Deployment
- (9) Unknown
5. Fire Involved 0
- (0) None
- (1) Airbag Vehicle
- (2) Other Vehicle
- (3) Both Vehicles
- (9) Unknown
6. Vehicles Involved 2
7. Persons Involved 4
8. Injured Persons 4
9. Maximum AIS in Accident 5

AIRBAG VEHICLE INSPECTION

10. Date Vehicle Inspected: [REDACTED] 94
11. Reason Vehicle Not Inspected 1
- (0) Not Required
- (1) Inspection Completed
- (2) Cannot be Located
- (3) Repaired or Destroyed
- (5) Refusal or Impounded
- (7) Other:
12. Impact Data Obtained 4
- (0) No Data Obtained
- (1) CDC Only
- (2) Crush Profile Only
- (3) Trajectory Data Only
- (4) CDC and Crush Profile
- (5) CDC and Trajectory
- (6) Crush and Trajectory
- (7) CDC, Crush, and Trajectory
13. Basis of Delta-V 1
- (0) Not Computed (Unknown why)
- (1) CRASH - Damage Only
- (2) CRASH - Damage + Traj
- (3) OLDMISS
- (4) POLES
- (5) Unknown Basis
- (6) One Vehicle Beyond Scope
- (7) Collision Beyond Scope
- (8) Insufficient Data

VEHICLE HISTORY

14. Prior Impacts for AB Vehicle? 2
- (1) Yes
- (2) No
- (9) Unknown
15. Has Any Prior Maintenance or Service Been Performed on System 2
- (1) Yes
- (2) No
- (9) Unknown

Describe:

AIRBAG SUPPLEMENT

2

AIRBAG VEHICLE

Fleet: *NONE*VIN: *J81RF2362M7******Mileage: *105,668 Km (65,661 m.)*

SYSTEM READINESS LAMP

16. Pre-Impact Lamp Condition 9
(1) Functioning/Proved Out
(2) Inoperative
(9) Unknown
17. Driver's Report of Pre-Impact Flashing 00
(00) No Flashing Reported
(01) Continuous Flashing
(02) _____
Number of Flashes: _____
(11) _____
(12) Constant Light
(19) Flashing, Unknown Number
(88) Not Applicable, System Removed
(99) Unknown
18. Period of Pre-Impact Flashing 0
(0) No Flashing
(1) Same Day as Impact
(2) Prior Day
(3) Prior Two Days
(4) Prior Week
(5) Prior Month
(6) Over One Month
(9) Unknown
19. Post-Impact Lamp Condition 2
(1) Functioning/Proved Out
(2) Inoperative
(9) Unknown
20. Post-Impact Flashing 99
(00) No Flashing Reported
(01) Continuous Flashing
(02) _____
Number of Flashes: _____
(11) _____
(12) Constant Light
(19) Flashing, Unknown Number
(88) Not Applicable, System Removed
(99) Unknown

21. Airbag Vehicle First Harmful Event 13
(01) Fire or explosion
(02) Immersion
(03) Gas Inhalation
(04) Fell from vehicle
(05) Injured in vehicle
(06) Other noncollision (specify):
(07) Overturn
(08) Jackknife
COLLISION WITH:
(09) Pedestrian
(10) Pedalcyclist
(11) Railway train
(12) Animal
(13) Motor vehicle in transport
(same roadway)
(14) Motor vehicle in transport
(other roadway)
(15) Parked motor vehicle
(16) Other type nonmotorist (specify):
(17) Thrown or falling object
(18) Boulder
COLLISION WITH FIXED OBJECT
(20) Building
(21) Impact attenuator/crash cushion
(22) Bridge pier or abutment
(23) Bridge parapet end
(24) Bridge rail
(25) Guardrail
(26) Concrete traffic barrier
(27) Median barrier
(28) Other longitudinal barrier (specify):
(29) Highway/traffic sign post
(30) Overhead sign support
(31) Luminaire/light support
(32) Utility pole
(33) Other post, pole, or support
(34) Culvert
(35) Curb
(36) Ditch
(37) Embankment-earth
(38) Embankment-rock, stone, or concrete
(39) Fence
(40) Wall
(41) Fire hydrant
(42) Shrubbery
(43) Tree
(44) Other fixed object (specify):
(45) Pavement surface irregularity
(99) Unknown

AIRBAG SUPPLEMENT

3

AIRBAG VEHICLE IMPACT SUMMARY

22. Vehicle Role 3
(0) Noncollision
(1) Striking unit
(2) Struck unit
(3) Both striking and struck
(9) Unknown
23. Manner of Leaving Scene 2
(1) Driven
(2) Towed-due to damage
(3) Towed-not for damage
(4) Towed-details unknown
(5) Abandoned
(9) Unknown
24. Number of Impact Events 1
(8) 8 or more
(9) Unknown
25. Rollover φ
(0) No rollover
(1) First event
(2) Subsequent event
(3) Yes, Unknown event
(9) Unknown
26. Override/Underride φ
(0) No override/underride
(1) Override - 1st CDC
(2) Override - Other CDC
(3) Underride - 1st CDC
(4) Underride - Other CDC
(9) Unknown

AIRBAG VEHICLE DAMAGE

CODES: (1) Yes, damaged
(2) No damage
(9) Unknown

27. Left Front Fender Damage 1
28. Right Front Fender Damage 1
29. Center Top of Grille Damage 1

FRONT BUMPER E.A. STATUS

30. Left 4
31. Right 4
(1) Normal
(2) Extended
(3) Partial Compression
(4) Complete Compression
(5) Not Applicable
(9) Unknown

FIRST AIRBAG VEHICLE IMPACT:

32. Configuration 2
(0) Struck Object or Ped
(1) Rear-End
(2) Head-On
(3) Rear-to-Rear
(4) Angle
(5) Sideswipe-Same Direction
(6) Sideswipe-Opposite Dir.
(7) Noncollision
(8) Nonimpact Deployment
(9) Unknown

33. CDC: 92 F Y E W 6

34. Object Contacted: 1994 DODGE SHADOW

PRIMARY/DEPLOYMENT IMPACT:

35. Event Number 1
36. Total Delta-V 64 KPH
(40 mph)
37. Longitudinal Delta-V -64 KPH
(-40 mph)
38. Configuration 2
See 32 above for codes
39. CDC: 92 F Y E W 6
40. Object Contacted: 1994 DODGE SHADOW

AIRBAG SUPPLEMENT

4

AIRBAG SYSTEM DAMAGE

CODES: (1) Yes, Damaged
(2) No, Intact
(3) Not Applicable
(9) Unknown

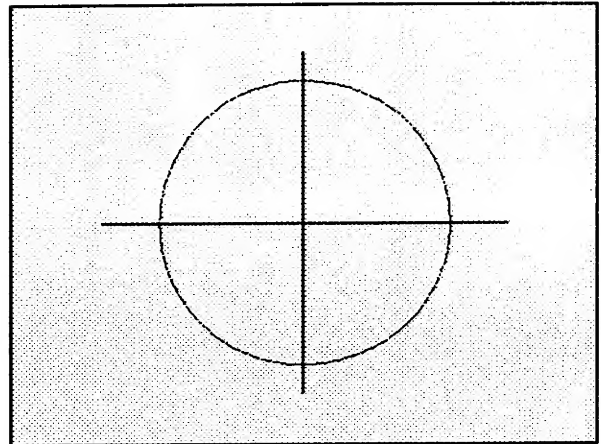
- | | | |
|-----|--|--------------|
| 41. | Airbag Module | <div>2</div> |
| 42. | Left Front Sensor | <div>1</div> |
| 43. | Center Front Sensor | <div>9</div> |
| 44. | Right Front Sensor | <div>1</div> |
| 45. | Rear Cowl Sensor | <div>9</div> |
| 46. | Diagnostic Module | <div>2</div> |
| 47. | Wiring | <div>1</div> |
| 48. | Knee Diverter | <div>3</div> |
| 49. | Indication of disconnected
or loose electrical
connectors | <div>2</div> |
| 50. | Condition of Deployed Bag
(1) Bag intact
(2) Split or torn
(3) Cut by object in impact
(4) Cut after accident
(5) Other
(8) NA (not deployed)
(9) Unknown | <div>1</div> |

DESCRIBE SYSTEM AND BAG DAMAGE:

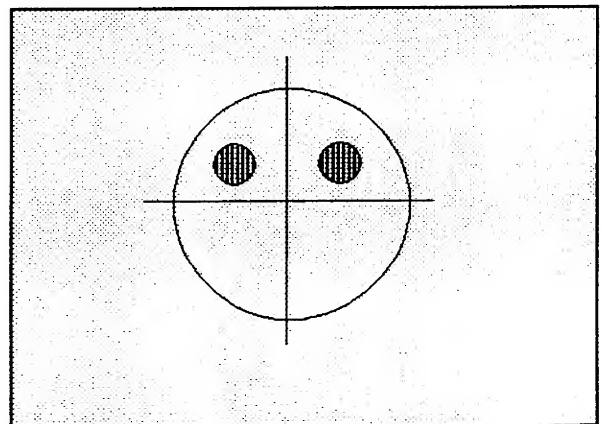
NONE

NOTE DAMAGE AND CONTACT MARKS ON
AIRBAG DIAGRAMS BELOW:

FRONT



BACK



AIRBAG SUPPLEMENT

5

OCCUPANTS OF AIRBAG CAR

51. Number of Occupants in Vehicle

3

52. Number of Injured Persons

3

53. Maximum AIS in Airbag Vehicle

3

(0) No Injury

(1-6) AIS Severity

(7) Injured, unknown severity

(9) Unknown

DRIVER

Age: 21

Sex: male

54. Number of Driver Injuries

10

55. Source of Best Injury Data

2

(0) Not injured

(1) Autopsy

(2) Hospital Medical Records

(3) Emergency Room only

(4) Private physician, clinic

(5) Lay Coroner Report

(6) EMS Personnel

(7) Interviewee

(8) Police

(9) Unknown

MAXIMUM AIS BY BODY REGION

REGION MAX AIS CONTACT

Head/Neck/Face 3 15

Chest _____

Abdomen 2 11Legs/Hips 3 09

Other (Arms) _____

Driver

Maximum 3 09

EJECTION - NONE

Extent: N/A

Portal: N/A

OTHER VEHICLE:Maximum AIS 5Prime/Deploy Impact w AB Vehicle
Event Number01

CDC: 92 FYEW 5

Total Delta V (40 mph) 64 KPH

Make: DODGE

Model Year: 1994

Model: SHADOW ES

Body Type: 3-Door

NOTES:

AIRBAG SUPPLEMENT

6

DRIVER BELT USAGE: (1) Used (2) Not Used (9) Unknown

2

Evidence:

DRIVER POSTURE: Any comments Recorded (1) Yes, (2) No

2

Describe driver's posture and position on seat including specific comments on head, torso, buttocks, legs, and feet. Also note hand and arm position. Did driver brace before crash? Describe:

DRIVER FOREIGN OBJECTS: Comments Recorded (1) Yes, (2) No

2

Was driver wearing contact lenses or eyeglasses? Or holding any foreign object at the time of the impact (packages on lap, pipe, food, bottle, cigarette, etc.)? Did any lenses, objects, or jewelry play any role?:

DRIVER COMMENTS: Comments Recorded (1) Yes, (2) No

2

Was the driver aware that the vehicle was equipped with a supplemental restraint system? Did driver offer any comments on smoke, noise, etc.? Did the driver comment on the airbag as a restraint system? Describe:

PASSENGER-AIRBAG CONTACT: (1) Yes, (2) No, (9) Unknown

2

Describe:

AIRBAG SUPPLEMENT

1

ACCIDENT SUMMARY

1. Accident Date: [REDACTED] - 94

2. Police Investigated

- (1) Yes
- (2) No
- (3) Unknown

Agency: STATE POLICE

City:

County:

3. General Locality

- (1) Freeway, Limited Access
- (2) Urban (City)
- (3) Urban-Rural (mixed)
- (4) Rural, Fields

4. Configuration (First Harm)

- (0) Struck Object or Ped
- (1) Rear-End
- (2) Head-On
- (3) Rear-to-Rear
- (4) Angle
- (5) Sideswipe-Same Direction
- (6) Sideswipe-Opposite Dir.
- (7) Noncollision
- (8) Nonimpact Deployment
- (9) Unknown

5. Fire Involved

- (0) None
- (1) Airbag Vehicle
- (2) Other Vehicle
- (3) Both Vehicles
- (9) Unknown

6. Vehicles Involved

7. Persons Involved

8. Injured Persons

9. Maximum AIS in Accident

AIRBAG VEHICLE INSPECTION

10. Date Vehicle Inspected: [REDACTED] - 94

11. Reason Vehicle Not Inspected

- (0) Not Required
- (1) Inspection Completed
- (2) Cannot be Located
- (3) Repaired or Destroyed
- (5) Refusal or Impounded
- (7) Other:

12. Impact Data Obtained

- (0) No Data Obtained
- (1) CDC Only
- (2) Crush Profile Only
- (3) Trajectory Data Only
- (4) CDC and Crush Profile
- (5) CDC and Trajectory
- (6) Crush and Trajectory
- (7) CDC, Crush, and Trajectory

13. Basis of Delta-V

- (0) Not Computed (Unknown why)
- (1) CRASH - Damage Only
- (2) CRASH - Damage + Traj
- (3) OLDMISS
- (4) POLES
- (5) Unknown Basis
- (6) One Vehicle Beyond Scope
- (7) Collision Beyond Scope
- (8) Insufficient Data

VEHICLE HISTORY

14. Prior Impacts for AB Vehicle?

- (1) Yes
- (2) No
- (9) Unknown

15. Has Any Prior Maintenance or Service Been Performed on System

- (1) Yes
- (2) No
- (9) Unknown

Describe:

AIRBAG SUPPLEMENT

2

AIRBAG VEHICLE

Fleet: *NONE*

VIN: 1B3AP6430R1xxxxxx

Mileage: 1,270 km (789m.)

SYSTEM READINESS LAMP

16. Pre-Impact Lamp Condition 9
- (1) Functioning/Proved Out
- (2) Inoperative
- (9) Unknown
17. Driver's Report of Pre-Impact Flashing 99
- (00) No Flashing Reported
- (01) Continuous Flashing
- (02) _____
- Number of Flashes: _____
- (11)
- (12) Constant Light
- (19) Flashing, Unknown Number
- (88) Not Applicable, System Removed
- (99) Unknown
18. Period of Pre-Impact Flashing 9
- (0) No Flashing
- (1) Same Day as Impact
- (2) Prior Day
- (3) Prior Two Days
- (4) Prior Week
- (5) Prior Month
- (6) Over One Month
- (9) Unknown
19. Post-Impact Lamp Condition 2
- (1) Functioning/Proved Out
- (2) Inoperative
- (9) Unknown
20. Post-Impact Flashing 99
- (00) No Flashing Reported
- (01) Continuous Flashing
- (02) _____
- Number of Flashes: _____
- (11)
- (12) Constant Light
- (19) Flashing, Unknown Number
- (88) Not Applicable, System Removed
- (99) Unknown

21. Airbag Vehicle First Harmful Event 13
- (01) Fire or explosion
- (02) Immersion
- (03) Gas Inhalation
- (04) Fell from vehicle
- (05) Injured in vehicle
- (06) Other noncollision (specify):
- (07) Overturn
- (08) Jackknife
- COLLISION WITH:
- (09) Pedestrian
- (10) Pedalcyclist
- (11) Railway train
- (12) Animal
- (13) Motor vehicle in transport (same roadway)
- (14) Motor vehicle in transport (other roadway)
- (15) Parked motor vehicle
- (16) Other type nonmotorist (specify):
- (17) Thrown or falling object
- (18) Boulder
- COLLISION WITH FIXED OBJECT
- (20) Building
- (21) Impact attenuator/crash cushion
- (22) Bridge pier or abutment
- (23) Bridge parapet end
- (24) Bridge rail
- (25) Guardrail
- (26) Concrete traffic barrier
- (27) Median barrier
- (28) Other longitudinal barrier (specify):
- (29) Highway/traffic sign post
- (30) Overhead sign support
- (31) Luminaire/light support
- (32) Utility pole
- (33) Other post, pole, or support
- (34) Culvert
- (35) Curb
- (36) Ditch
- (37) Embankment-earth
- (38) Embankment-rock, stone, or concrete
- (39) Fence
- (40) Wall
- (41) Fire hydrant
- (42) Shrubbery
- (43) Tree
- (44) Other fixed object (specify):
- (45) Pavement surface irregularity
- (99) Unknown

AIRBAG SUPPLEMENT

3

AIRBAG VEHICLE IMPACT SUMMARY

22. Vehicle Role 3
- (0) Noncollision
(1) Striking unit
(2) Struck unit
(3) Both striking and struck
(9) Unknown
23. Manner of Leaving Scene 2
- (1) Driven
(2) Towed-due to damage
(3) Towed-not for damage
(4) Towed-details unknown
(5) Abandoned
(9) Unknown
24. Number of Impact Events 3
- (8) 8 or more
(9) Unknown
25. Rollover 2
- (0) No rollover
(1) First event
(2) Subsequent event
(3) Yes, Unknown event
(9) Unknown
26. Override/Underride φ
- (0) No override/underride
(1) Override - 1st CDC
(2) Override - Other CDC
(3) Underride - 1st CDC
(4) Underride - Other CDC
(9) Unknown

AIRBAG VEHICLE DAMAGE

CODES: (1) Yes, damaged
(2) No damage
(9) Unknown

27. Left Front Fender Damage 1
28. Right Front Fender Damage 1
29. Center Top of Grille Damage 1

FRONT BUMPER E.A. STATUS

30. Left 4
31. Right 4
- (1) Normal
(2) Extended
(3) Partial Compression
(4) Complete Compression
(5) Not Applicable
(9) Unknown

FIRST AIRBAG VEHICLE IMPACT:

32. Configuration 2
- (0) Struck Object or Ped
(1) Rear-End
(2) Head-On
(3) Rear-to-Rear
(4) Angle
(5) Sideswipe-Same Direction
(6) Sideswipe-Opposite Dir.
(7) Noncollision
(8) Nonimpact Deployment
(9) Unknown
33. CDC: 92 FVEW5
34. Object Contacted: 1991 CHEVROLET GEO STORM

PRIMARY/DEPLOYMENT IMPACT:

35. Event Number 1
36. Total Delta-V 64 KPH (46mph)
37. Longitudinal Delta-V -64 KPH (-46mph)
38. Configuration 2
See 32 above for codes
39. CDC: 92 FVEW5
40. Object Contacted: 1991 CHEVROLET GEO STORM

AIRBAG SUPPLEMENT

4

AIRBAG SYSTEM DAMAGE

CODES: (1) Yes, Damaged
(2) No, Intact
(3) Not Applicable
(9) Unknown

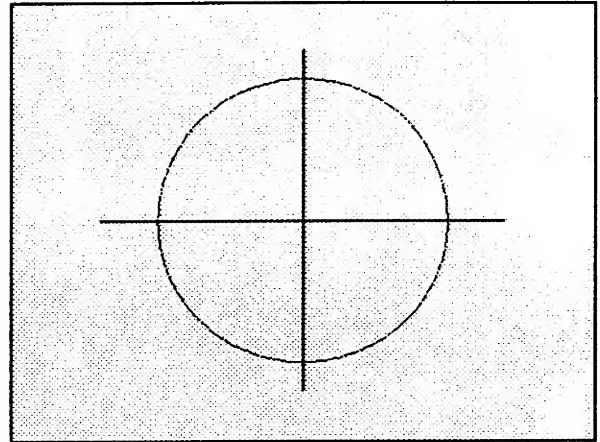
- | | | |
|-----|--|--|
| 41. | Airbag Module | <div style="border: 1px solid black; padding: 2px; display: inline-block;">2</div> |
| 42. | Left Front Sensor | <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> |
| 43. | Center Front Sensor | <div style="border: 1px solid black; padding: 2px; display: inline-block;">9</div> |
| 44. | Right Front Sensor | <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> |
| 45. | Rear Cowl Sensor | <div style="border: 1px solid black; padding: 2px; display: inline-block;">9</div> |
| 46. | Diagnostic Module | <div style="border: 1px solid black; padding: 2px; display: inline-block;">9</div> |
| 47. | Wiring | <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> |
| 48. | Knee Diverter | <div style="border: 1px solid black; padding: 2px; display: inline-block;">3</div> |
| 49. | Indication of disconnected
or loose electrical
connectors | <div style="border: 1px solid black; padding: 2px; display: inline-block;">2</div> |
| 50. | Condition of Deployed Bag
(1) Bag intact
(2) Split or torn
(3) Cut by object in impact
(4) Cut after accident
(5) Other
(8) NA (not deployed)
(9) Unknown | <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> |

DESCRIBE SYSTEM AND BAG DAMAGE:

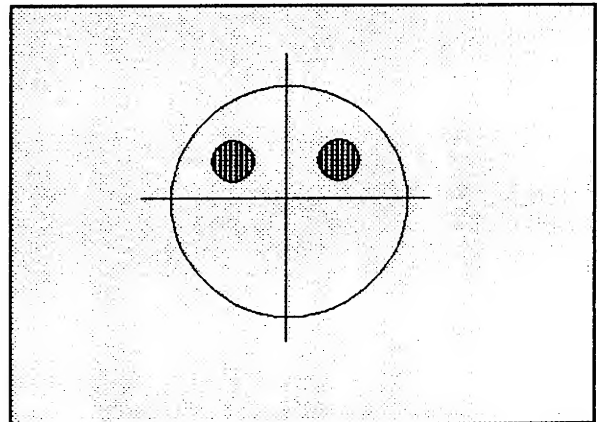
NONE

NOTE DAMAGE AND CONTACT MARKS ON
AIRBAG DIAGRAMS BELOW:

FRONT



BACK



AIRBAG SUPPLEMENT

5

OCCUPANTS OF AIRBAG CAR

51. Number of Occupants in Vehicle

1

52. Number of Injured Persons

1

53. Maximum AIS in Airbag Vehicle

(0) No Injury

(1-6) AIS Severity

(7) Injured, unknown severity

(9) Unknown

5

DRIVER

Age: 24

Sex: MALE

54. Number of Driver Injuries

11

55. Source of Best Injury Data

(0) Not injured

(1) Autopsy

(2) Hospital Medical Records

(3) Emergency Room only

(4) Private physician, clinic

(5) Lay Coroner Report

(6) EMS Personnel

(7) Interviewee

(8) Police

(9) Unknown

2

MAXIMUM AIS BY BODY REGION

REGION	MAX AIS	CONTACT
--------	---------	---------

Head/Neck/Face	4	67
----------------	---	----

Chest	5	67
-------	---	----

Abdomen	3	67
---------	---	----

Legs/Hips	1	09
-----------	---	----

Other (Arms)	1	36
--------------	---	----

Driver

Maximum	5	67
---------	---	----

EJECTION

Extent: PARTIAL

Portal: RIGHT FRONT DOOR WINDOW

OTHER VEHICLE:

Maximum AIS	3
-------------	---

Prime/Deploy Impact w AB Vehicle
Event Number

1

CDC: 92 FYEW6

Total Delta V

(46 mph) 64 KPH

Make: CHEVROLET

Model Year: 1991

Model: GEO STORM

Body Type: 3-DOOR

NOTES:

AIRBAG SUPPLEMENT

6

DRIVER BELT USAGE: (1) Used (2) Not Used (9) Unknown

2

Evidence:

DRIVER POSTURE: Any comments Recorded (1) Yes, (2) No

2

Describe driver's posture and position on seat including specific comments on head, torso, buttocks, legs, and feet. Also note hand and arm position. Did driver brace before crash? Describe:

DRIVER FOREIGN OBJECTS: Comments Recorded (1) Yes, (2) No

2

Was driver wearing contact lenses or eyeglasses? Or holding any foreign object at the time of the impact (packages on lap, pipe, food, bottle, cigarette, etc.)? Did any lenses, objects, or jewelry play any role?:

DRIVER COMMENTS: Comments Recorded (1) Yes, (2) No

2

Was the driver aware that the vehicle was equipped with a supplemental restraint system? Did driver offer any comments on smoke, noise, etc.? Did the driver comment on the airbag as a restraint system? Describe:

PASSENGER-AIRBAG CONTACT: (1) Yes, (2) No, (9) Unknown

2

Describe: